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## Form **990**

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

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.

OMB No. 1545-0047

2015

Open to Public inspections

<u>A</u>	For the	2015 calendar year, or tax year beginning U6/U1/15 , and ending U5/31/.	T 6		
В	Check if app	cable C Name of organization Junior League of Gainesville		D Employer	identification number
	Address cha	Florida Incorporated			
$\overline{\Box}$	ı	Doing histories as		59-6	141366
닐	Name chang	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	number
	initial return	430-A North Main Street		352-	<u>376-3805                                    </u>
	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
	terminated	Gainesville FL 32601		G Gross rece	eipts \$ 272,166
	Amended re	F Name and address of principal officer			
	Application (	Margot DeConna	H(a) Is this a gri	oup return for su	rbordinates? Yes X No
		430-A North Main Street	H(b) Are all sut	nordinates incli	uded? Yes No
		Gainesville FL 32601	1		(see instructions)
				, attack a not	0000(,00000)
<u> </u>	Tax-exemp		4		
1	Website:		H(c) Group exe		
K	Form of org	anization X Corporation Trust Association Other ►	ear of formation 1	.967	M State of legal domicile FI
2.4	Part I	Summary			
	1 Br	refly describe the organization's mission or most significant activities.			
۰		To promote voluntarism, develop the potential of women	, and imp	rove	
ဋ	1	communities through the effective action and leadership			
Governance	1	volunteers.			
8	1 200	<del></del>	-0/ -£:44	4-	
တိ	2 Cr	neck this box  if the organization discontinued its operations or disposed of more than 25	o%-of-its-net as	1 1	0
ಳ	3 NO	imber of voting members of the governing body (Part VI, line 1a)		3	9
ies	4 Ni	imber of independent voting members of the governing body (Part Victine 1b)	그의	4	9
Activities &	5 To	tal number of individuals employed in calendar year 2015 (Part V, line 2a) - JAN - 1000	7 lčíl	5	14
ç	6 To	ital number of volunteers (estimate if necessary)	'   c <sup>5</sup>	6	513
_ ~		tal unrelated business revenue from Part VIII, column (C), line 12		7a	0
3		et unrelated business taxable income from Form 990-T, line 34	$\tilde{x} = 1$	7b	0
. —			Prior Ye	ar	Current Year
3 m	8 Cc	ontributions and grants (Part VIII, line 1h)	1	7,921	28,800
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)	9	9,117	107,065
. B	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,323	1,762
· &	11 0	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,697	44,652
3		· · · · · · · · · · · · · · · · · · ·			
႕	12 10	tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,058	182,279
SCAINING Expenses	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1–3)		4,246	17,077
₹	14 Be	nefits paid to or for members (Part IX, column (A), line 4)			0
) g	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1	9,059	7,218
<b>4)</b> §	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)			0
ed.	b To	tal fundraising expenses (Part IX, column (D), line 25) ▶ 7,305			37 7 7
ũ	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13	4,844	134,033
	1	tal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		8,149	158,328
		evenue less expenses Subtract line 18 from line 12		3,091	23,951
- 8	19 10	venue less expenses Subtract line 16 from line 12	Beginning of Cu		End of Year
Net Assets or	20 To	tal assets (Part X, line 16)		9,649	433,886
188	24 To	·		355	641
i i	21 10	tal liabilities (Part X, line 26)	40		
		t assets or fund balances. Subtract line 21 from line 20	40	9,294	433,245
_ <u>F</u>	art II	Signature Block			
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules and statement	•	•	owledge and belief, it is
tr	ue, correct	, and complete Declaration of preparer (other than officer) is based on all information of which preparer l	nas any knowlede	ge	
	1			_   1	16 17
Sig	an	Spriedure of object COMMON	<del></del>	Date	
He		Margot DeConna Presi	dent		
	-	Type or pnnt name and title			<del></del> -
		Print/Type preparer's name Reparer's signature	Date	Check	of PTIN
Pai					L_J "
_	22505	tephen H. Kattell, CPA		/17 self-em	
	· <u> </u>	misname > Kattell & Company, P.L.		Firm's EIN	01-0822046
USE	Only	808B NW 16th Ave	ļ		
		imis address > Gainesville, FL 32601		Phone no	<u>352-395-6565</u>
May	y the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Panenyou	k Reduction Act Notice see the senerate instructions			Q 50m 990 (2015

	Oncomot of required contention		V	NI .
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-	Yes -X-	<u>No</u> 
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ť		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	- 1	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			1
	VII, VIII, IX, or X as applicable		,	1 150
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<b>!</b>		
	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			7.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		x
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
4d	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		<u></u>
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			l
	If "Yes," complete Schedule G, Part III	19		X
		Fon	m <b>99</b> 0	<b>)</b> (2015)

Form	n 990 (2015), Junior League of Gainesville 59-6141366		F	age ·
	art IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_b	_ If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ľ		Ì
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Ì	1	1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	Ī	1	1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ŀ
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			İ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1	ļ .	}
	through 24d and complete Schedule K If "No," go to line 25a	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Ţ
	transaction with a 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?		ľ	ľ
	If "Yes," complete Schedule L, Part I	25b	<u></u>	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 "Yes," complete Schedule L, Part II	26	<u> </u>	X
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	1	Ì	1
	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,	,	·	10
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1 1	2	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<u></u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		Ī	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	ļ
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ļ	ŀ
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ļ	ļ	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Į	Į.
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		1	
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L	<u>L</u>
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		X
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,		1	
		١		\ <del>-</del>

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.

997 ATT	Check if Schedule O contains a response or note to any line in this Pa	art V				
	enough constant a committee of note to any line in their t	<u> </u>	<del></del>		Yes	No
1a	Enter the number reported in Box 3.of Form 1096. Enter ±0- if not applicable ± ± ± ± = = = = =	_   <sub>-</sub> 1a-	_1	7,2%	33	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		7	12
	Did the organization comply with backup withholding rules for reportable payments to vendors at	nd			12	11/
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				74	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	14	_	772	1/2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	ctions)			1.77	33
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	]	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sche	dule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	ther authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or oth	er financial		Ì	1	
	account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶			- 2	41	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finan	ncial Accour	its		1/13	1
	(FBAR)			- 1	A	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	ar?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra-	ansaction?		5b		X
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 any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
	If "Yes," did the organization include with every solicitation an express statement that such control	ributions or				
	gifts were not tax deductible?			6b	,,,,,,,,,,,,	
	Organizations that may receive deductible contributions under section 170(c).				′	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	y for goods				ŀ
	and services provided to the payor?			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ı ıt was		1_		
	required to file Form 8282?	1	Ī	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			<b>┤,</b> , ┆		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ben		[ <b>?</b>	7e	_	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		On an enguired?	7f	_	<del>  ^</del>
	If the organization received a contribution of qualified intellectual property, did the organization file the organization received a contribution of care boots surplement or other unbelow did the organization.			7 <u>g</u> 7h		<del> </del>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org					<b></b>
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund mair sponsoring organization have excess business holdings at any time during the year?	itained by tr	ie	8	1	
	Sponsoring organizations maintaining donor advised funds.			"		-
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make any taxable distributions under section 4900?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person	2		9b		$\vdash$
	Section 501(c)(7) organizations. Enter:	•				<b></b>
	Initiation fees and capital contributions included on Part VIII, line 12	10a			-	1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_	- 4	
	Section 501(c)(12) organizations. Enter:			7	13	
	Gross income from members or shareholders	11a			,	1
	Gross income from other sources (Do not net amounts due or paid to other sources			7		1
	against amounts due or received from them.)	116				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		?	12a		[
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		79	11/11	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>				<u>L</u>
	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 C	<b>)</b> .				
_	Enter the amount of reserves the organization is required to maintain by the states in which					1
	the organization is licensed to issue qualified health plans	13b			<u>,</u>	1
	Enter the amount of reserves on hand	13c				1
	Did the organization receive any new monte for indeed tenning and used during the tay year?			14a		X
4a	Did the organization receive any payments for indoor tanning services during the tax year?			1.70	_	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 9 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X .7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b 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 X Section 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed **None** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ 20 Kara Wassman 430-A North Main Street Gainesville FL 32601 352-376-3805 DAA

Form 990 /2015)	Junior	T.eamie	οf	Gainesville	
TOIIII 990 (2015).	Duntor	neadre	$o_{\perp}$	GUTITEDATTE	

59-6141366

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) Megan Jansen										
	5.00							_	_	
President	0.00	X	<u> </u>	X		$\sqcup$		0	0	0
(2) Margot DeConna										
	5.00			l					_	
President Elect	0.00	X	<b> </b>	X	<u> </u>	$\vdash$		0	0	0
(3) June Allen										
	5.00		Į	١.,					^	
Exec Vice President	0.00	X	├	X	<u> </u>	+			0	0
(4) Joy Riddle	F 00									
<b>*********</b>	5.00	<b>.</b>	l		ļ				0	0
Treasurer (5) Heather Mears	0.00	X	├-	X	<u>-</u> -	++		0		
(5) heather mears	5.00									
Recording Secretary	0.00	x	ŀ	x	ļ			. 0	0	0
(6) April Schroeder	0.00	┝╾	├─	^	┢╌	╁╌┼		· · · · · · · · · · · · · · · · · · ·		<del> </del>
(0)APIII BCIIIOEGEI	2.00									
Nominating Chair	0.00	x	ļ			1 1		o	o	0
(7) Caroline Chance		1	├		-	+				
(i) dal delle didied	2.00	ľ								
Member at Large	0.00	x	1		1	1 1		o	o	i o
(8) Laura Gillman		<del> </del> -	1			$\dagger$		<del>-</del>		
• • • • • • • • • • • • • • • • • • • •	2.00									
Member at Large	0.00	$\mathbf{x}$			•	1 1		0	0	0
(9) Morgan Lampp										
	2.00									
Member at Large	0.00	X	i _					0	0	0
(10)										
(11)		-								
	<u> </u>		<u> </u>							

Total number of independent contractors (including but not limited to those listed above) who

DAA

	irt v	Check if Schedule (		response	or note to ar	ny line	in this Pa	rt VIII		
* 4	3 2				(A) Total reven	ue	(E Relat	B) ed or	(C) Unrelated	(D) Revenue
20	ž ili	: 1994 maillet Survey (1994)	adappa at a 1971	The Stage ,		-	exe	mpt	business revenue	<ul> <li>excluded from tax — under sections</li> </ul>
S S	_ <u>_</u>	<u>033210,#431431</u>	<u> </u>	<u> </u>		7 77 7	reve	nue	327 30 20 20	512-514
ant	1a	Federated campaigns	1a			17.96		1000	142. 4. 4.	1.60 - 1.60
Q E	0	Membership dues Fundraising events	1b 1c	16,775	1032 A	M.	13.18%		1/2 1/2 1/3	
ifts ar A	٦	Related organizations	1d		Shell I	11/1/19	69 9 66	11 11/1/19	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
s, G	e	Government grants (contributions)	1e		<b>1</b> 7 38.	.330		- 1/4		
ion	f	All other contributions, gifts, grants,	<del>                                     </del>			1 10	13.34 16		Sin Mary Holly	
but		and similar amounts not included above	1f	12,025	They to the	2. 3			The state of the	
EG P	g	Noncash contributions included in lines 1a-	-1f \$		14.42.69	March.	Maya 1		Section 1 to the second of	
Co	h	Total. Add lines 1a-1f		<b>•</b>	28	3,800	186 1			1 / // /
nue				Busn. Code	un' i'n	W. Jan		ur, Euge	41.6	
evel	2a	Membership Dues				L <u>,</u> 220		91,220		<b>↓</b>
Se l	b	Program Service Rev	enues	<u> </u>	15	<u>, 845</u>	ļ <u>-</u>	15,845		
ž	C			<u> </u>	<del> </del>		ļ			<del> </del> -
Š	a				<del> </del>					
Program Service Revenue Contributions, Gifts, Grants	e	All other program service reve	nuo.	ļ			<del> </del>	<del></del>		<del> </del>
Pro	a	Total. Add lines 2a-2f		<b>-</b>	107	7,065		77.	<del></del>	<del></del>
	3	Investment income (including	dividends, inter	est,				***************************************		
		and other similar amounts)		•	<u> </u>	L,762	<u></u>		<u></u>	1,762
	4	Income from investment of tax	c-exempt bond p	proceeds 🕨						
	5	Royalties								
		(ı) Real	(11)	Personal	K / / /		111		71 D	
	6a	Gross rents					<i>".</i>			
	b	Less rental exps	<del></del>		<i></i>			,		1 11 11
	d	Rental inc or (loss)  Net rental income or (loss)			<b>∤</b> ″	•		. ,	, ,	
ı	7a		- (1	ı) Other		····-				
		sales of assets other than inventory		7 0 0 10 10 1	1	,		,	,	
ļ	b	Less cost or other			,	m.		4		
		basis & sales exps				ſ				
ł	С	Gain or (loss)			] , /;	1		, ,		1 1 1
	d	Net gain or (loss)		<b>•</b>						
9	8a	Gross income from fundraising eve				, '			in the second	
Other Revenue		(not including \$ 16,				,		,		" .
8		of contributions reported on line 1c)	· I		1000	,	ľ			
ē		See Part IV, line 18	a	8,850	4 3	, ;				1
8		Less: direct expenses	b	398	4 .	 3,452		· ·		8,452
ł		Net income or (loss) from fund Gross income from gaming activitie				,, 232	·		,	0,432
}	Ja	See Part IV, line 19	a		/ //			11 1		
	b	Less: direct expenses	b		1	,				*
ĺ		Net income or (loss) from gam		<b>•</b>	1		Ì	,	<i>" "</i>	
İ		Gross sales of inventory, less								1 1
Ì		returns and allowances	a	125,689			<b>'</b>			3 .
	b	Less: cost of goods sold	b	89,489				4		
1	С	Net income or (loss) from sale	s of inventory	<b>•</b>	36	5,200	<u> </u>			36,200
-		Miscellaneous Revenue		Busn. Code			1 .	· · · · · ·	,	1 min
	11a				ļ		<u> </u>		<del> </del>	
ļ	b			<del> </del>			<del> </del>		<del></del>	<del>                                     </del>
	d	All other revenue		<del></del>			<del> </del>			<del> </del>
ļ		Total. Add lines 11a-11d		L	-		,	······································	<u> </u>	/.
	12	Total revenue. See instruction	ns.	•	182	2,279	1	07,065	<del> </del>	0 46,414

Sect	ion 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			mplete column (A).	
_		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	и / / / / / / / / / / / / / / / / / / /
•	and domestic governments. See Part IV, line 21			7 3 196 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Grants and other assistance to domestic			19.79.79.79	40 47 37 3
_	individuals See Part IV, line 22	17,077	17,077		
3	Grants and other assistance to foreign			2 P. J. J. 1983 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 1 11 11 11 11 11 11 11 11 11 11 11 1
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				The Market of the State
4	Benefits paid to or for members		<del></del>	2. 37 74.	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,344		6,344	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	874		874	
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting	7,284		7,284	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		/ //	1 11 111	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	<del></del>			
12	Advertising and promotion	724			724
13	Office expenses	9,608		6,991	
14	Information technology	2,244	1,874	370	
15	Royalties				<u></u>
16	Occupancy	14,401	10,801	3,600	
17	Travel	300	300		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	10 255	7 4 411	<del></del>	2 064
19	Conferences, conventions, and meetings	18,375	14,411	<del></del>	3,964
20	Interest	20 001	20 001		<del> </del>
21	Payments to affiliates	20,801	20,801 9,927	3,309	<del> </del>
22 23	Depreciation, depletion, and amortization Insurance	13,236 8,595	5,014	3,581	
24	Other expenses Itemize expenses not covered	0,090	3,011		<del></del>
	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)	′ ′		3	
а	Food	27,294	27,294	<u> </u>	<del> </del>
b	Supplies	3,571	2,656	915	<del></del>
C	Bank Fees	3,191		3,191	
d	Awards & Gifts	2,765	2,765		
е	All other expenses	1,644	370	1,274	
25	Total functional expenses. Add lines 1 through 24e	158,328	113,290		
26	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)				990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year -- End of year- -228,648 118,900 Cash-non-interest bearing 128,679 52,552 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 6,786 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. all trustees, key employees, and highest compensated employees. Complete 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 instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 118 118 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 391,036 10a other basis. Complete Part VI of Schedule D 108,508 295,765 b Less accumulated depreciation 10b 46,658 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 433,886 409,649 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 355 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 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, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 641 355 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 409,294 433,245 27 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 409,294 433,245 33 Total net assets or fund balances 33 433,886 409,649 Total liabilities and net assets/fund balances Form 990 (2015)

orn	1990 (2015). Junior League of Gainesville 59-6141366			Pag	ge 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		32,2	
2_	Total expenses (must equal Part IX, column (A), line 25)	- 2			328
3	Revenue less expenses Subtract line 2 from line 1	3		23,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4(	<u>)9,2</u>	294
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10_	43	33,:	<u> 245</u>
Pa	rt XII。 Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		/	_	Star
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		,	4	1.
	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 on a separate basis, consolidated basis, or both				, .,
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				1, 11
	separate basis, consolidated basis, or both.			,	
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		·
	If the organization changed either its oversight process or selection process during the tax year, explain in				7 :
	Schedule O		/		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ı	
	the Single Audit Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Fon	m 990	(2015)

#### SCHEDULE A (Form 990 or 990-EZ)

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

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Junior League of Gainesville Florida Incorporated

Employer identification number 59 – 6141366

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) X 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2015 Junior League of Gainesville
Part || Support Schedule for Organizations Described. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
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		′ s	,	7		
Sec	tion B. Total Support						
Cale	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4			L			
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 VI.)						
11	Total support. Add lines 7 through 10	, ,			<u> </u>		
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, for	urth, or fifth tax ye	ar as a section 50°	1(c)(3)	-
	organization, check this box and stop her						<u> </u>
	tion C. Computation of Public Su		<del></del>				
14	Public support percentage for 2015 (line 6		•	n (f))		14	<u>%</u>
15 16-	Public support percentage from 2014 Sche			40 44	00.4/00/	15	%
16a	33 1/3% support test—2015. If the organi				33 1/3% or more, (	check this	<b>▶</b> □
b	box and <b>stop here</b> . The organization quali 33 1/3% support test—2014. If the organization	•			15 is 22 1/2% or m	oro	
	check this box and <b>stop here</b> . The organiz				13 15 33 1/3 /6 01 111	ore,	▶ [
17a	10%-facts-and-circumstances test—201			=	6a or 16b and line	e 14 is	
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa						
	organization		`	,		•	▶ [
	10%-facts-and-circumstances test—201	4. If the organizat	ion did not check a	box on line 13, 16	6a, 16b, or 17a, ar	id line	_
b		=					
b	15 is 10% or more, and if the organization	meets the lacts-a					
b	15 is 10% or more, and if the organization Explain in Part VI how the organization me						
b							▶ 「
b 18	Explain in Part VI how the organization me	ets the "facts-and	-circumstances" te	est The organization	on qualifies as a p	ublicly	▶ [

Schedule A (Form 990 or 990-EZ) 2015 Junior League of Gainesville

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						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	27,273	19,624	15,423	17,921	28,800	109,041
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	82,677	96,403	85,197	99,117	107,065	470,459
3	Gross receipts from activities that are not an unrelated trade or business under section 513	152,831	143,979	135,837	120,109	125,689	678,445
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	262,781	260,006	236,457	237,147	261,554	1,257,945
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	4,919	3,341	3,838	4,860	4,874	21,832
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	4,919	3,341	3,838	4,860	4,874	21,832
8	Public support. (Subtract line 7c from line 6.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.7° 1.7°		1,236,113
	ction B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	( <b>d)</b> 2014	(e) 2015	(f) Total
9	Amounts from line 6	262,781	260,006	236,457	237,147	261,554	1,257,945
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	968	43	1,141	3,323	1,762	7,237
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	968	43	1,141	3,323	1,762	7,237
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	7,376	8,950	7,225	7,452	31,003
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	263,749	267,425	246,548	247,695	270,768	1,296,185
14	First five years. If the Form 990 is for the	organization's first,	second, third, for	irth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop here						▶
	tion C. Computation of Public Su			<del></del>			<del></del>
15	Public support percentage for 2015 (line 8,	• •	-	n (f))		15	95.37%
16 Soc	Public support percentage from 2014 Schelic D. Computation of Investme					16	95.36%
<u>3ec</u> 17	Investment income percentage for 2015 (li			column (fl)		17	1%
18	Investment income percentage for 2013 (iii			, column (1))		18	1%_
19a	33 1/3% support tests—2015. If the organ			14, and line 15 is	more than 33 1/39		1/0
	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2014. If the organ	ox and <b>stop here</b> . 1	The organization o	<sub>l</sub> ualifies as a public	dy supported orga	nızatıon	► X
	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did		_			_	<u> </u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	مستوني	Yes	NO.
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rn	200	OF 000 F	7) 2015

<u>: Pa</u>	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			04%
_ <u>a</u>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	111	18.7.71	9792 i
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u>C</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	3 1	1. m	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	8/1		. /
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	10.94		
	controlled the organization's activities. If the organization had more than one supported organization,	4	1.00	9 11/4
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	", "		11 31
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	43	4. 3	1 6
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		9 3	, , ,
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		12.	
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	. 3	7	; 4
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	-		2
	or management of the supporting organization was vested in the same persons that controlled or managed	98 30		1
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations		_	_
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	7	12	73 7
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1 ,
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		3 . 3 .	1/2 /
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		•
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	,		7 ,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	,		,
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	, ,	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		-	
	significant voice in the organization's investment policies and in directing the use of the organization's	,		4
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1.
	supported organizations played in this regard.	3	,	: 
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		<u>-</u>	
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ons)		
		•		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	,		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		, '	,
	how the organization was responsive to those supported organizations, and how the organization determined			,
	that these activities constituted substantially all of its activities.	2a		~
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	***************************************		· · · · · · · · · · · · · · · · · · ·
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a		3a	- 11	F.2
b	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	Jd		<del>-,</del>
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26	Ī	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	_3b_		

Schedule A (Form 990 or 990-EZ) 2015 Junior League of Gainesvi		<u>59-6141</u>	366 Page 6
Part Y Type III Non-Functionally Integrated 509(a)(3) Supporting (	<u>Organizat</u>	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or	1 Nov. 20, 19	970. See instructions. All	
other Type III non-functionally integrated supporting organizations must complete S	ections A thi	ough E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1_		
2 Recovenes of prior-year distributions	2		L
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6_		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	777	744 11 37 11 11	17,190 14, 17, 17
instructions for short tax year or assets held for part of year):	1	and the same of the same	( 1 m) ( 1 m)
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	<del></del>	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	<i>(</i>		7 (7)
factors (explain in detail in Part VI):	1/2		1 1/2 1 1/2
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	· , · · · · · · · · · · · · ·	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	······································	
5 Income tax imposed in prior year	5	1	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		***************************************	
emergency temporary reduction (see instructions)	6	and the second	
7 Check here if the current year is the organization's first as a non-functionally-integ	rated Type I	Il supporting organization	(see
7 Check here if the current year is the organization's first as a non-functionally-integ	rated Type I	Il supporting organization	(see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Schedule A (Form 990 or 990-EZ) 2015

and 4c.

Breakdown of line 7:

c Excess from 2013
 d Excess from 2014
 e Excess from 2015

Excess distributions carryover to 2016. Add lines 3j

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line\_1e; Part V, Section D, lines 5, 6, and 8; and Part-V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

	of the organizationunior League of Gainesville		Employer	identification number
	lorida Incorporated		59-6	141366
<sup>∞</sup> Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or A		
		(a) Donor advised funds	- (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		-	
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
· Pa	art II. Conservation Easements.			
	Complete if the organization answered "Yes" on F			
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo		
	Protection of natural habitat	Preservation of a certified historic	structure	9
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser- easement on the last day of the tax year.	rvation contribution in the form of a conser	vation	III II II II II II II II II II II II II
_				Held at the End of the Tax Year
a			2a	
b		udad in (a)	2b	<del></del>
ч С	Number of conservation easements on a certified historic structure incl Number of conservation easements included in (c) acquired after 8/17/	` '	2c	<del> </del>
•	historic structure listed in the National Register	oo, and not on a	2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished or terminated by the organizati		a the
-	tax year ▶	ga		9
4	Number of states where property subject to conservation easement is I	ocated >		
5	Does the organization have a written policy regarding the periodic moni			
	violations, and enforcement of the conservation easements it holds?	<b>3</b> , <b>1</b>		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation ea	sements	during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	lations, and enforcing conservation easem	ents dur	ing the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170(h)(4)(B)(i)		
_	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements	•	-	AL _
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	organization's financial statements that de	escribes	tne
Pa	The state of Art, organizations Maintaining Collections of Art,	Historical Treasures or Other S	Similar	
5.77	Complete if the organization answered "Yes" on F		, iiiiii	, 20010.
	If the organization elected, as permitted under SFAS 116 (ASC 958), n		alance s	
	works of art, historical treasures, or other similar assets held for public	•		
	public service, provide, in Part XIII, the text of the footnote to its financi	·		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and balar	nce shee	t
	works of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		•	<b>\$</b>
	(ii) Assets included in Form 990, Part X		•	<b>\$</b>
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	vide the	
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		•	<b>\$</b>
b	Assets included in Form 990, Part X		•	▶ \$

Schedule D (Form 990) 2015 Junior	League of Ga	<u>ainesville</u>		59-61413	66	Page <b>2</b>
Part III Organizations Maintaini	ng Collections of	Art, Historical T	reasures, c	or Other Simil	ar Assets	(continued)
3 Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other record	s, check any of the fol	lowing that ar	e a significant use	of its	
_a _ Public exhibition	d [_	Loan or exchange-pro	grams — —			
b Scholarly research	e 🗍	Loan or exchange-pro Other				
c Preservation for future generations						
4 Provide a description of the organization's XIII.	collections and explain	n how they further the	organızatıon's	exempt purpose i	n Part	
5 During the year, did the organization solic	it or receive donations	of art. historical treasu	res, or other s	similar		
assets to be sold to raise funds rather tha						Yes No
Part IV Escrow and Custodial A	·	3				
Complete if the organizati	_	" on Form 990, Pa	art IV, line 9	, or reported a	n amount	on Form
990, Part X, line 21.		·	•	•		
1a Is the organization an agent, trustee, cust	odian or other intermed	diary for contributions of	or other asset	s not		
included on Form 990, Part X?		•				Yes No
b If "Yes," explain the arrangement in Part >	(III and complete the fo	llowing table		_		
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount or	n Form 990, Part X, line	e 21, for escrow or cus	todial accoun	t liability?		Yes No
b If "Yes," explain the arrangement in Part X	(III Check here if the e	xplanation has been p	rovided on Pa	art XIII		
Part V Endowment Funds.						-
Complete if the organization	on answered "Yes	" on Form 990, Pa	art IV, line 1	0		
	(a) Current year	(b) Pnor year	(c) Two yea	rs back (d) Thre	ee years back	(e) Four years back
1a Beginning of year balance			<u> </u>			
<b>b</b> Contributions						
c Net investment earnings, gains, and			ļ	ļ		
losses						
d Grants or scholarships						
<ul> <li>Other expenditures for facilities and</li> </ul>						
programs						
f Administrative expenses						<b></b>
g End of year balance		<u></u>	<u>                                     </u>			<u> </u>
2 Provide the estimated percentage of the c	current year end balanc	e (line 1g, column (a))	held as.			
a Board designated or quasi-endowment ▶	%					
<b>b</b> Permanent endowment ▶	6					
c Temporarily restricted endowment ►	%					
The percentages on lines 2a, 2b, and 2c s	should equal 100%.					
3a Are there endowment funds not in the pos	session of the organization	ation that are held and	administered	for the		r <del></del>
organization by.						Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If "Yes" on line 3a(ii), are the related organ	nizations listed as requ	red on Schedule R?				3b
4 Describe in Part XIII the intended uses of		owment funds				
Part VI Land, Buildings, and Eq					000 5 4	V 1
Complete if the organizati					I	
Description of property	(a) Cost or other	''		(c) Accumulated	'	(d) Book value
<del></del>	(investment)			depreciation		40 450
1a Land	<del> </del>		42,456	<u> </u>	017	42,456
<b>b</b> Buildings		2	72,372	225,	, U I /	47,355
c Leasehold improvements	<b> </b>		57 750		053	700
d Equipment	<del></del>		57,752		,052	700 4,760
e Other	et aqual Farm 200. Di		18,456	13,	,696	
Total. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, Pai	LA, column (B), line 1	uc.)			95,271

<u>1.                                    </u>	(a) Description of liability	(b) E	Book value	]	<i>'</i>			
(1)	Federal income taxes			]	5 /	,		,
(2)						2"		,
_(3)					,			•
_(4)	·				11 4	1 44		
_(5)				]				
<u>(6)</u>	·						1 1 1	,
_(7)				ľ	200	•		
_(8)	<u> </u>					•	* .	,
(9)				ľ		19	1	
Tota	al. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			<u> </u>		····		

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

Sche	dule D (Form 990) 2015 Junior League of Gainesv	ille 59-	-6141366	Page 4
Pa	Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
_2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		/// 3	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
ď	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1	_	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	:. <b>)</b>	5	
Pa	Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form		nses per Return.	
1	Total expenses and losses per audited financial statements	330, 1 art 14, iiiic 12a.	11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		11000	
a	Donated services and use of facilities	2a	[2]	
b	Prior year adjustments	2b		
c	Other losses	2c		
ď	Other (Describe in Part XIII.)	2d		
6	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		<del></del>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b	<u></u>	4c	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 \_ Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information.

#### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

2015

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

Open to Public fitspection

Name of the organizationJunior_League_OI G Florida Incorporat		е.	-		59 - 61413	
Fundraising Activities. Complete if	the organizatio			ed "Yes" on Form 9		
Form 990-EZ filers are not required				Charle all that apply		
	· —			_		
a  Mail solicitations			-	emment grants		
<b>b</b> Internet and email solicitations	f Solicitation					
c Phone solicitations	g Special fun	draisı	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	oth any individual (i in connection with	ncludi profes	ing off ssiona	ficers, directors, trustees Il fundraising services?		Yes No
b If "Yes," list the ten highest paid individuals or entities ( compensated at least \$5,000 by the organization.	fundraisers) pursua			ments under which the f	undraiser is to be	
(i) Name and address of industrial		(iii) Di raisei	d fund-   have	(IV) Gross receipts	(v) Amount paid to	(vi) Amount paid to (or retained by)
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	cont	ody or rol of	from activity	(or retained by) fundraiser listed in	organization
<del></del>	<del></del>	<del></del>	utions?		col (i)	<del> </del>
1	1	Yes	NO			
		ļ .				
2						
		}				
3	<del>                                     </del>	<del> </del>			<del></del>	<del>                                     </del>
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otal	<u>i</u>	<u> </u>		<del></del>	<del></del>	<del> </del>
Olai	·				<del></del>	<del></del>

1 / <del>*</del> 4	art II	than \$15,000 of	vents. Complete if the organ fundraising event contribution preater than \$5,000.				
			(a) Event#1  Tour of Kitchen	(b) Event #2 -	(c) Othe	er events	(d) Total events
			(event type)	(event type)	None (total r	number)	col (c))
Revenue	1 Gr	ross receipts	25,625				25,625
ш.	2 12	ess· Contributions	16,775			1	16,775
		oss income (line 1 minus	10,773	<del></del>			10,773
	line	e 2)	8,850				8,850
	4 Ca	ash prizes					
	5 No	oncash prizes					
Direct Expenses	6 Re	ent/facility costs				<u> </u>	
Expe	<b>7</b> Fo	ood and beverages	398				398
rect							
	0 511	ntertainment					<del></del>
	9 Ot	ther direct expenses					
	10 Dir	rect expense summary	. Add lines 4 through 9 in column (c	))		▶ [	398
··· <u>···</u>			btract line 10 from line 3, column (c			<b>•</b>	8,452
P	art III		plete if the organization answ on Form 990-EZ, line 6a.	vered "Yes" on Form	n 990, Part IV, line	19, or report	ed more
<b>Ф</b>		<u> </u>		(b) Pull tabs/instant	(2) (2)		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bing	0 (6) (6)	er gaming	col (a) through col (c))
Re	1 Gr	oss revenue					
cbenses	<b>2</b> Ca	ash prizes					<del> </del>
xpen	3 No	oncash prizes					
Direct Ex	4 Re	ent/facility costs					
◌		<b>,</b>			-		
	_5 Ot/	her direct expenses	Von 0/	T va-	% Yes	%	······································
l	6 Vo	lunteer labor	Yes %	Yes No	% Yes No	76	
	7 Du	rect avnance summan.	Add lines 2 through 5 in column (c	· · · · · · · · · · · · · · · · · · ·			
			_				
}	8 Ne	et gaming income summ	nary Subtract line 7 from line 1, co	lumn (d)		<u> </u>	
	Is the c	organization licensed to	e organization conducts gaming act o conduct gaming activities in each				Yes No
b	it "No,"	' explain					
			s gamıng licenses revoked, susper	ded or terminated during	the tax year?		Yes N
D	n res,	," explain					

Sche	dule G (Form 990 or 990-EZ) 2015 Junior League of Gainesville	59-614:	1366 F	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			_
	formed to administer charitable gaming?		Yes	No
13	_Indicate_the_percentage_of gaming activity conducted in:			
а	The organization's facility		13a	<u>%</u>
b	An outside facility	Ĺ	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
h	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the	ies	
~	amount of gaming revenue retained by the third party > \$	and the		
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	∐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
10	spent in the organization's own exempt activities during the tax year > \$	a ali una ma (ivi) a m	d (: 1): and	
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any actinistructions).			

Schedule I (Form 990) (2015) **&** Open to Public Inspection 2015 (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number X Yes 59-6141366 non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (e) Amount of noncash assistance ▶ Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Junior League of Gainesville General Information on Grants and Assistance (b) EIN For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? Florida Incorporated (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization (Form 990) Part 1 Part Ξ 6 3 3 3 3 9 6 8

OMB No 1545-0047

Grants and Other Assistance to Organizations,

SCHEDULEI

Schedule I (F	Schedule 1 (Form 990) (2015) Junior League of Gainesville	le of Gainesvi		59-6141366		Page 7
Part III.	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	o Domestic Individua	ils. Complete if the	organization answered	1 "Yes" on Form 990, Part	-
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
1 Toys		550		13,538	<u> </u>	Toys for needy
2 Books	8	5300		3,539	Cost	Воокв
ო						
4						
L.						
တ						
-						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	vide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional i	nformation.

Part IV - Additional Information

event. Proceeds from the sale of toys in the Thrift Shop will be allocated will receive vouchers for the seasonal toy drive. The Organization works The Organization works with community agencies to identify families that closely with the Thrift Shop Manager to provide goods and funds for the to the event. The Organization works with local elementary schools to distribute "starter

libraries" to graduating kindergarten classes.

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

2015 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

rs.gov/form990. Inspection

Name of the organization

Junior League of Gainesville Florida Incorporated

59-6141366

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The Organization has members that may elect one or more members of the governing body.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
The Organization has members that may elect one or more members of the
governing body.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Form is prepared with the assistance of an independent CPA. The Form is reviewed by the VP of Finance and Treasurer. Final review is completed by the Board of Directors prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Board completes a questionnaire at the beginning of their term each

year. At the beginning of each Board of Director's meeting, there is a

call to disclose any conflicts of interest. If such a conflict exists,

that Board member is excused from voting on those particular topics.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available to public upon request.