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EXTENDED TO APRIL 18, 2017

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A	For th	ne 2015 calendar year, or tax year beginning JUN 1, 2015	and e	ending M	IAY 31, 2016							
_					D Employer identif							
i	Check i applicat	ole										
	Addi	JUNIOR LEAGUE OF LAKE CHARLES, INC	_									
F	Nam chan	0	•		72-6	029070						
F	Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number											
;												
L.	Final retur term	· · · · · · · · · · · · · · · · · · ·	331,629.									
	terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$											
Ifetum H(a) is this a group return												
ton P Name and address of principal officer: Yes \(\text{A} \)												
	SAME AS C ABOVE H(b) Are all subordinates included? Yes No											
	I Tax-exempt status: X 501(c)(3)											
_	J Website: ► WWW.JLLC.NET H(c) Group exemption number ►											
_	_	of organization: X Corporation Trust Association Other ►		L Year	of formation: 1946	M State of legal domicile; LA						
LP	art I	Summary										
9	1	Briefly describe the organization's mission or most significant activities: A				ICE TO						
2		COMMUNITY, TRAIN MEMBERS FOR COMMUNITY	Y SE	RVICE								
Governance	2	Check this box if the organization discontinued its operations or	dispose	ed of more	than 25% of its net a	ssets.						
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	7						
9	4	Number of independent voting members of the governing body (Part VI, line	e 1b)		4	7						
Š	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	•		5	0						
Activities &	6	Total number of volunteers (estimate if necessary)	,		6	300						
듏		Total unrelated business revenue from Part VIII, column (C), line 12			7a	11,700.						
ď	4	Net unrelated business taxable income from Form 990-T, line 34			7a 7b	0.						
	<u> </u>	The difficulted business taxable income from 1 on 1 990-1, line 34			Prior Year	Current Year						
	8	Contributions and grants (Part VIII. line 1b)		-	113,244.	101,680.						
Ē			butions and grants (Part VIII, line 1h) am service revenue (Part VIII, line 2g)									
Revenue	9											
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	179.	0.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u> </u>	76,686.	136,578.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	: 12)		190,109.	238,258.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			44,836.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.						
ΘS	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)		13,140.	12,060.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.						
Ř	b	Total fundraising expenses (Part IX, column (D), line 25)		0.	۰							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			182,493.	221,467.						
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			240,469.	233,527.						
	19	Revenue less expenses. Subtract line 18 from line 12			<50,360.	> 4,731.						
-63 68				Bei	ginning of Current Year	End of Year						
Net Assets Fund Balan	20	Total assets (Part X, line 16)			525,268.	538,543.						
A§	21	Total liabilities (Part X, line 26)			62,886.	71,430.						
ĘĘ.	22	Net assets or fund balances Subtract line 21 from line 20		<u> </u>	462,382.	467,113.						
	rt II	Signature Block		·!								
		alties of perjury, I declare that I have examined this return, including accompanying sci	hedules a	and stateme	ents, and to the hest of m	v knowledge and helief it is						
		ct, and complete. Declaration of preparer (other than officer) is based on all information				y knowloago ana bolici, k is						
		In Auria In Mallin		- propero	1 1/. 19.	2017						
Sign Bright PRESIDENT												
									Her	e	Type or print name and title	
Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature O4/18/17 Date Check X PTIN												
Paid	P00166717											
Prep		Firm's name ANNE COLLETTE, CPA			Firm's EIN							
Use Only Firm's address P.O. BOX 1956												
LAKE CHARLES, LA 70602-1956 Phone no.337-304-0860												
May	the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No						
53200	12-1	6-15 LHA For Paperwork Reduction Act Notice, see the separate inst	ruction	ıs.		Form 990 (2015)						

4e	Total program service expenses ► 148,297.		
	(Expenses \$ including grants of \$) (Revenue \$)		
4d	Other program services (Describe in Schedule O.)		
			
4c	(Code) (Expenses \$ 109,501. Including grants of \$) (Revenue \$))
4.	100 501		
	PROVISIONAL TRAINING & PROJECTS		
4b	(Code) (Expenses \$ 863. including grants of \$) (Revenue \$)
	COMMUNITY ASSISTANCE		
4a	(Code) (Expenses \$ 37,933. including grants of \$) (Revenue \$)
	revenue, if any, for each program service reported.		
-	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experiences		nd
4	If "Yes," describe these changes on Schedule O. Describe the organization's program continue accomplishments for each of its three largest program continue accomplishments for each of its three largest program continues as measured by any		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_ Yes	X No
	If "Yes," describe these new services on Schedule O.	_	
_	the prior Form 990 or 990-EZ?	Yes	X No
	Did the organization undertake any significant program services during the year which were not listed on		
	WOMEN, AND TO IMPROVING THE COMMUNITY THROUGH EFFECTIVE ACTION A LEADERSHIP OF TRAINED VOLUNTEERS. ITS PURPOSE IS EXCLUSIVELY	תאה	
	COMMITTED TO PROMOTING VOLUNTARISM, TO DEVELOPING THE POTENTIAL		
	THE JUNIOR LEAGUE OF LAKE CHARLES, INC. IS AN ORGANIZATION OF WO		
1	Briefly describe the organization's mission:		
	Check if Schedule O contains a response or note to any line in this Part III		X
Pa	art III Statement of Program Service Accomplishments	,,,	Page Z
For	$\frac{m 990 (2015)}{m 990 (2015)}$ JUNIOR LEAGUE OF LAKE CHARLES, INC. $\frac{72-60290}{m 990 (2015)}$) / U	Page 2

Form **990** (2015)

	rt IV Checklist of Required Schedules	0 / 0	<u>P</u>	age S
	Onecknist of nequired ochedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	140
•	If "Yes," complete Schedule A	1	х	l
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	ĺ	X
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	L	X
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		X
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			l
	Schedule D, Part III	8	<u> </u>	Х
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?	_		J
40	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	40		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			l
	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		х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f		X
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
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		22
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	-1.12	_	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ľ	X
16	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
17	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	17		Х
18	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	

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

complete Schedule G, Part III

Form 990 (2015)

| Part 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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	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			
	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 organization's current	i		İ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		ľ
	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	1		ĺ
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			_~
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	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			v
	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	} i		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		X
07	complete Schedule L, Part II	26		<u>~</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		—	
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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 conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	\Box		_
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	li	ĺ	
	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]	J	
	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?]	- 1	.
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization)	45
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	l	
	Note. All Form 990 filers are required to complete Schedule O	38	X	2015)
		-orm	29211/	ンロコムト

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Form	1990 (2015) JUNIOR LEAGUE OF LAKE CHARLES, INC. 72-6029	070	P	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Ī .	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	\vdash
	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		X
ь	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
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			
	to file Form 8282?	7c	_	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ļ. —
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_9b_		
10	Section 501(c)(7) organizations. Enter:	1		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ł		
11	Section 501(c)(12) organizations. Enter:	l		1
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them) [11b] Continue 4047(aVd) and appropriate the state of the first files of the first files of the fi	40-		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		$\vdash \vdash$
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(20) qualified perpendit health insurance issuers			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	134	-	
h	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			l
14a		14a		X
	If "You " has it filed a Form 700 to specify those payments? If "No " provide an explanation in Schedula O	445		

_		(004-1	
rom	990	(2015)	

JUNIOR LEAGUE OF LAKE CHARLES, INC.

72-6029070

Daga 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

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	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	1a		7							
	If there are material differences in voting rights among members of the governing body, or if the governing			1		İ					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
h	Enter the number of voting members included in line 1a, above, who are independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			1		1					
-	officer, director, trustee, or key employee?										
3											
·	of officers, directors, or trustees, or key employees to a management company or other person?	o un oc	t ouper violeri	3		х					
A	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's ass		o mou i	5	 	X					
6	Did the organization have members or stockholders?	CiG:		6	x						
	Did the organization have members, stockholders, or other persons who had the power to elect or ap	noint	one or	 	1	-					
	more members of the governing body?	Ponte	0/10 0/	7a	X						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	hockha	olders or	├		 					
Ü	persons other than the governing body?	.ocki k	nacia, oi	7b	x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hv th	e following:	 	 	-					
	The governing body?	oy un	, ionowing.	8a	x						
	Each committee with authority to act on behalf of the governing body?	•		86	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	shed s	et the	1 35	 						
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Jileu e	it trie	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	VADUE	Code)	1 -							
	The state of the content of the manual respondent for the state of the manual re-	V 0,700			Yes	No					
102	Did the organization have local chapters, branches, or affiliates?			10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	anter	affiliates		 	 -					
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	аргон	, armatos,	10b		ł					
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	, befo	re filing the form?	11a	Х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	20.0	o minig the form.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	,	х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes										
•	in Schedule O how this was done	-,		12c	ĺ	i					
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	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- ~ ,		İ		Ė					
а	The organization's CEO, Executive Director, or top management official			15a		х					
	Other officers or key employees of the organization			15b		X					
_	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 arrangem	ent w	ith a								
	taxable entity during the year?			16a		Х					
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	·	ļ]						
	exempt status with respect to such arrangements?			16b							
Sec	ion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only)	avaılat	le .						
	for public inspection Indicate how you made these available Check all that apply.	,	\-/\-/·//		-						
	Own website Another's website X Upon request Other (explain in	n Sch	edule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		•	d finan	cıal						
-	statements available to the public during the tax year.		= 1 1, -	,							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records:								
-	JUNIOR LEAGUE OF LAKE CHARLES - 337-436-4025		· · · · ·								
	1019 LAKECHODE DETVE LAKE CHAPLES LA 70601										

- -	000	(2015)	
-Omi	990	(2015)	

JUNIOR LEAGUE OF LAKE CHARLES, INC.

72-6029070

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.

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

• 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.

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average hours per	box	ox, unless		Position heck more than one ss person is both ar d a director/trustee)			Reportable compensation	Reportable compensation	Estimated amount of
	l week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) EMILY ABSHIRE	10.00									
PRESIDENT	10.00	_	_	X	<u> </u>	┡	L	0.	0.	0.
(2) LAURIE MARTIN	10.00	l								
PLANNING VICE PRESIDENT	10.00	<u> </u>	 	X	<u> </u>	 		0.	0.	0.
(3) LAURA MONK	10.00									_
COMMUNITY VICE PRESIDENT	10.00	_	_	Х	<u> </u>	├	_	0.	0.	0.
(4) EMILY PETTAWAY COMMUNICATIONS VICE PRESID	10.00			х				0.	0.	0.
(5) MEAGAN BLANCHARD	10.00			A	┢	┢		0.	- 0.	0.
MEMBERSHIP VICE PRESIDENT	10.00			x				0.	0.	0.
(6) KATHERINE DEVALL	10.00	\vdash				┢				
FINANCE VICE PRESIDENT		1		x		ļ		0.	0.	0.
(7) SHELLIE ESKEW	5.00							_	_	
PLACEMENT			L	X	$ldsymbol{ld}}}}}}$			0.	0.	0.
(8) YVETTE WARE	5.00								_	•
SUSTAINING ADVISOR					_			0.	0.	0.
(9) DANA MCDONALD NOMINATING	5.00							0.	0.	0.
(10) MALLERY PADGETT	0.00			Н		-		0.	0.	•
ADVISORY PLANNING & BYLAWS	0.00							0.	0.	0.
(11) MEGAN GREGORY	5.00									
STRATEGIC PLANNING								0.	0.	0.
				Н		П				
						Н				
			Ш	Щ		Щ				
						П				
	1					ı				

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>/ees</u>	, an	d H	ighe	st (Compensated Employe	es (continued)				
	(A) (B)			(C)					(D)	(E)			(F)	
	Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	е	1	stimate	
		hours per	box, unless person is both a officer and a director/truste				is bot	h an		compensati		ar	nount	of
		week (list any	Η-	T	T	1	J u. u.	T	from the	from relate			other pensa	ition
		hours for	Individual trustee or director						organization	organizatioi (W-2/1099-Mi			om th	
		related	9 9	i ii			satec		(W-2/1099-MISC)	(**-271033-1411	100,		anizat	
		organizations	truste	Institutional trustee		e e	mper	l	(** 23 7000 111100)				d relat	
		below	gag	퉑	_	量	estco	, E				orga	anızatı	ons
		line)	ğ	慧	Officer	Key employee	Highest compensated employee	Former						
	•													
		-												
					ĺ									
					L.								J	
				l										
							_							
				1	1									
			<u> </u>	_		_	_	_						
				_			<u> </u>	<u> </u>		 				
			ļ					l						
	 		<u> </u>	-		<u> </u>	<u> </u>	⊢						
							l							
			<u> </u>		i			Ļ	0.		0.			0.
	Sub-total Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)	-4 11141 4 41-		Pak.	ا ما اما	.				000				0.
2	Total number of individuals (including but n	ot ilmited to th	ose	IISTE	eo ai	DOV	e) Wi	10 F	eceived more than \$100	,000 of reportat	эе			0
	compensation from the organization	·	-						 				Yes	No
3	Did the organization list any former officer,	director or tra	ictor	ماده	w on	nnlo	woo	^	highest compensated a	mploves on	1			
3	line 1a? If "Yes," complete Schedule J for s		13150	5, NC	y Ci	пріс	усс,	, Oi	riignest compensated e	inployee on		3		X
4	For any individual listed on line 1a, is the su		ام دد	mn	anes	ation	anz	1 0+1	her compensation from	the organization				
•	and related organizations greater than \$150	•		•					•	ine organization		4		Х
5	Did any person listed on line 1a receive or a									dual for services	.	-		
	rendered to the organization? If "Yes," com							O.G.	organization or main	dodi for corvico.		5		X
Sec	tion B. Independent Contractors								 			<u> </u>		
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
	the organization. Report compensation for	•	•							•		•		
	(A)							П	(B)			(0	;)	
	Name and business	address	NC	INC	G				Description of s	ervices	С	ompei	nsatio	n
								Ц						
								ı						
								_						
								4						
								4		··· · · · · · · · · · · · · · · · · ·	ļ <u>.</u> .			
2	Total number of independent contractors (in	•	ot lir	mite	d to	_	_	ted	l above) who received m	ore than				
	\$100,000 of compensation from the organization	zation					,						900 //)O45'

72-6029070 Page 9

		Check if Schedule O cont	tains a response	or note to an	line in this Part VIII			
				, , , , ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इ इ	1 1	a Federated campaigns	1a		\$\$`. < `.	***		
EŽ		b Membership dues	1b	81,562	→ > ₂			
٩Ē		c Fundraising events	1c			A*	,	
₹ ¥	l	d Related organizations	1d				?	
Contributions, Gifts, Grants and Other Similar Amounts					–			
읈	i	 Government grants (contribut All other contributions, gifts, grant 	·			\$		1
章	'		1 1	20,118				
물통		similar amounts not included abo	<u> </u>	20,110				J
S E		Noncash contributions included in lines Table A del lines de de	1a-1f \$		101,680.			
0 10	 '	h Total. Add lines 1a-1f		bin				
	_	-		Business Co	de 🔧			ľ
١	2 :				_	 		
£ 8	ľ	ь		<u> </u>		 		
E E		c				 		
Program Service Revenue		d						
č	•	e						
4	1	f All other program service reve	enue	L				<u> </u>
		g Total. Add lines 2a-2f				<u> </u>		
	3	Investment income (including	dividends, inter-	est, and				
		other similar amounts)		•	-	ļ		
	4	Income from investment of ta	x-exempt bond p	proceeds	-			
	5	Royalties .		<u>,</u>	<u> </u>			ļ
			(i) Real	(ii) Persona	∐ ∜`	ľ		
	6 :	a Gross rents		ļ	⊣ '			
	' '	b Less: rental expenses			-			i
	•	c Rental income or (loss)		<u> </u>	_ ^	**		
	٠	d Net rental income or (loss)			>			
	7 :	a Gross amount from sales of	(i) Securities	(ii) Other		,		
		assets other than inventory		ļ				
	1	b Less: cost or other basis			**	*		
		and sales expenses		ļ				
	•	c Gain or (loss)	L	<u>Ł</u>				
		d Net gain or (loss)			>			
₽	8 8	a Gross income from fundraisin	g events (not	ļ		ļ		
evenue		including \$	of		, · · · · · · · · · · · · · · · · · · ·			
}e∧		contributions reported on line	1c). See		* ′ ;			
Other Re		Part IV, line 18	а	218,249	<u>) • </u>	` `		
Ě	1	b Less: direct expenses	b	93,371		7,		
	•	c Net income or (loss) from fund	draising events		124,878.	2 ,		124,878.
	9 :	a Gross income from gaming ac	tivities. See		2.			
		Part IV, line 19	а			,		1
	. 1	b Less. direct expenses	b					
	•	c Net income or (loss) from gam	ning activities		<u> </u>			
	10 a	a Gross sales of inventory, less	returns					
		and allowances	а			· ·		
	1	b Less: cost of goods sold	b					
		c Net income or (loss) from sale	s of inventory		<u> </u>			
		Miscellaneous Revenu		Business Co	de "			
	11 8	a NEWSHEET		511190	11,700.		11,700.	L
		b						
	(с						
		d All other revenue						
		e Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			238,258.	0.	11,700.	124,878.
53200	9 12-							Form 990 (2015)

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											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21			, , , , , , , , , , , , , , , , , , , ,							
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22			· .							
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	11,159.		11,159.							
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits			- 0.04							
10	Payroll taxes	901.		901.							
11	Fees for services (non-employees)										
а	Management										
b	Legal	10 071		10 071							
С	Accounting	10,871.		10,871.							
d	, , ,		,								
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,	827.	827.								
	column (A) amount, list line 11g expenses on Sch O.)	3,606.	3,606.								
12	Advertising and promotion	9,847.	1,217.	8,630.							
13	Office expenses	2,946.		2,946.							
14 15	Information technology	2,5±0.		2,510.							
15 16	Royalties Occupancy	19,837.	14,065.	5,772.							
17	Travel	13,03,4	22/0001								
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	31,871.	31,871.								
20	Interest	· · · · · · · · · · · · · · · · · · ·									
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	7,224.		7,224.							
23	Insurance	7,218.		7,218.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	y									
•	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	74,779.	52,993.	21,786.	·						
	DUES	25,908.	18,214.	7,694.							
c	SUPPLIES	25,743.	25,504.	239.							
d	PRINTING	790.		790.							
	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	233,527.	148,297.	85,230.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.	ł		}							
	Check here ff following SOP 98-2 (ASC 958-720)										

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 495,861. 521,163. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 6,650. 9,938. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 1,694. 1,694. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 157,837. basis Complete Part VI of Schedule D 10a 155,163. 10b 9,896. 10c 2,674. b Less: accumulated depreciation Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 7.879. 6,362. 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 525,268. 538,543. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,376. 3,479. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 57,510. 67,951. 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, Liabilities 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 62,886. 71,430. 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 453,006. 27 457,737. 27 Unrestricted net assets 9,376. 9,376. 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 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 462,382. 467,113. 33 33 Total net assets or fund balances 525,268. 538,543. Total liabilities and net assets/fund balances

Forn	1990 (2015) JUNIUR LEAGUE OF LAKE CHARLES, INC.	72-00	29070	Pag	ge IZ
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		4,7	<u>31.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46	<u>2,3</u>	82.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	46	7,1	<u>13.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜᆜ
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		.		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 1		1
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				l
	Separate basis Consolidated basis Both consolidated and separate basis			Ì	
þ	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 separate	e basis,			l
	consolidated basis, or both:			- 1	1
	Separate basis Consolidated basis Both consolidated and separate basis				i
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			l
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit]]	ļ	l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9907	2015\

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	Name of the organization Employer identification number									
			OF LAKE CHAP					2-6029070		
Part	I Reason for Public	Charity Status (All organizations must c	omplete th	ııs part.) S	ee instruction	s.			
The or	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box)									
- 1 E	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Fon	m 990 or 9	90-EZ).)					
з 🗆	A hospital or a cooperative		•			iii).				
4	A medical research organiz)(iii). Enter	the hospital's name,		
	city, and state:	•						·		
5 [An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	jovernmental i	ınıt descril	bed in		
	section 170(b)(1)(A)(iv). (0			•						
6 🗆	A federal, state, or local go		mental unit described in	section 1	70(b)(1)(A))(v).				
7	An organization that norma	•					he general	public described in		
	section 170(b)(1)(A)(vi). (C		•	_			_			
8 	A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9 🛭					contributi	ons, members	ship fees, a	and gross receipts from		
	activities related to its exer	npt functions - subje	ct to certain exceptions	, and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment		
	income and unrelated busi									
	See section 509(a)(2). (Co.	mplete Part III.)								
10	An organization organized	and operated exclus	sively to test for public sa	afety. See	section 50	09(a)(4).				
11 E	An organization organized.	and operated exclus	sively for the benefit of, t	o perform	the function	ons of, or to ca	arry out the	e purposes of one or		
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2)	See section 5	509(a)(3). (Check the box in		
	lines 11a through 11d that	describes the type of	of supporting organization	on and con	nplete line	s 11e, 11f, and	d 11g			
а	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganizatıon(s), t	typically by	/ givıng		
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting		
	organization. You must o	complete Part IV, Se	ections A and B.							
b	Type II. A supporting org	•								
	control or management of	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or mana	ige the sup	oported		
	organization(s) You mus									
C	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,		
	its supported organizatio		•							
d	└── Type III non-functionally									
	that is not functionally int						d an attent	iveness		
	requirement (see instruct	•	-							
e	Check this box if the orga					a Type I, Type	II, Type III			
	functionally integrated, o	• •	nally integrated support	ting organi	zation.					
	Inter the number of supported	-								
g_F	Provide the following information (i) Name of supported	n about the supporte		(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of		
	organization	(11) 2.114	(described on lines 1-9	listed	n vour	l		other support (see		
	•		above (see instructions))	governing (No No	ınstructı		instructions)		
				103	-110	 		·		
				ŀ						
				 	 					
						l				
						 				
		•								
				<u> </u>			··			

	organization, check this box and stop here		
Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2014 Schedule A. Part II. line 14	15	 %

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

(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 b	elow, please com	olete Part II.)								
Section 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		1								
	membership fees received. (Do not	ļ		ļ							
	include any "unusual grants.")	80,026.	82,393.	96,289.	113,244.	101,680.	473,632.				
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	199,033.	171,835.	184,666.	144,572.	218,249.	918,355.				
3	Gross receipts from activities that are not an unrelated trade or bus-										
	iness under section 513										
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to										
_	the organization without charge	279,059.	254,228.	280,955.	257,816.	319,929.	1,391,987.				
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	2/9,039.	254,226.	200,933.	257,810.	319,329.	1,391,987.				
	3 received from disqualified persons						0.				
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.				
c	Add lines 7a and 7b						0.				
	Public support. (Subtract line 7c from line 6.)	* .**	í Ai		· · · · · ·		1,391,987.				
8 Public support. (Subtract line 7c from line 6.) 1,391,987. Section B. Total Support											
Sec	cuon 6. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total				
Cale		(a) 2011 279, 059.	(b) 2012 254,228.	(c) 2013 280, 955.	(d) 2014 257,816.	(e) 2015 319, 929.	(f) Total 1,391,987.				
Cale 9	ndar year (or fiscal year beginning in)	(a) 2011 279,059.	(b) 2012 254,228. 410.	(c) 2013 280,955.	(d) 2014 257,816.	(e) 2015 319,929.					
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	279,059.			257,816.	(e) 2015 319,929.	1,391,987.				
Cale 9 10a	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	279,059. 535.	410.	344.	257,816. 179.	(e) 2015 319,929.	1,391,987.				
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	279,059.			257,816.	(e) 2015 319,929.	1,391,987.				
Cale 9 10a b	ndar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	535. 535.	410.	344.	257,816. 179.	(e) 2015 319,929.	1,468.				
0 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	535. 535. <1,837.	410. 410. > <5,912.	344.	257,816. 179.		1,468. 1,468. 28,291.				
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain	535. 535.	410.	344. 344. > <139.	257,816. 179. 179.		1,468.				
Cale 9 10a b 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 VI.)	535. 535. <1,837. 25,301. 303,058.	410. 410. > <5,912. 15,259. 263,985.	344. 344. > <139. 11,359. 292,519.	257,816. 179. 179. 1,446. 13,970. 273,411.	<1,849.	1,468. 1,468. 1,468. > <8,291.> 65,889. 1,451,053.				
Cale 9 10a b 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 VI.) Total support. (Add lines 9, 10c, 11, and 12)	535. 535. <1,837. 25,301. 303,058.	410. 410. > <5,912. 15,259. 263,985.	344. 344. > <139. 11,359. 292,519.	257,816. 179. 179. 1,446. 13,970. 273,411.	<1,849.	1,468. 1,468. 1,468. > <8,291.> 65,889. 1,451,053.				
Cale 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	535. 535. <1,837. 25,301. 303,058. the organization's	410. 410. > <5,912. 15,259. 263,985. first, second, third	344. 344. > <139. 11,359. 292,519.	257,816. 179. 179. 1,446. 13,970. 273,411.	<1,849.	1,468. 1,468. 1,468. > <8,291.> 65,889. 1,451,053.				
Cale 9 10a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	535. 535. <1,837. 25,301. 303,058. the organization's fixed organization organi	410. 410. > <5,912. 15,259. 263,985. first, second, third	344. > <139. 11,359. 292,519. d, fourth, or fifth ta	257,816. 179. 179. 1,446. 13,970. 273,411.	<1,849.	1,468. 1,468. 1,468. 3,468. 48,291. 65,889. 1,451,053. ation, 95.93 %				
Cale 9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	535. 535. <1,837. 25,301. 303,058. the organization's fic Support Perine 8, column (f) di	410. 410. 410. 5,912. 15,259. 263,985. first, second, third recentage vided by line 13, c	344. > <139. 11,359. 292,519. d, fourth, or fifth ta	257,816. 179. 179. 1,446. 13,970. 273,411.	<1,849.318,080.	1,468. 1,468. 1,468. > <8,291.> 65,889. 1,451,053. ation,				
Cale 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here etion C. Computation of Publi Public support percentage for 2015 (li	535. 535. <1,837. 25,301. 303,058. the organization's fic Support Perine 8, column (f) di Schedule A, Part	410. 410. 410. > <5,912. 15,259. 263,985. first, second, third recentage vided by line 13, c	344. > <139. 11,359. 292,519. d, fourth, or fifth ta	257,816. 179. 179. 1,446. 13,970. 273,411.	<1,849.318,080.01501(c)(3) organiza	1,468. 1,468. 1,468. > <8,291.> 65,889. 1,451,053. ation, 95.93 %				
11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public Public support percentage from 2014	535. 535. 535. 25,301. 303,058. the organization's inc Support Perion 8, column (f) di Schedule A, Partstment Income	410. 410. 410. > <5,912. 15,259. 263,985. first, second, third reentage vided by line 13, c Ill, line 15 e Percentage	344. 344. > <139. 11,359. 292,519. d, fourth, or fifth ta	257,816. 179. 179. 1,446. 13,970. 273,411.	<1,849.318,080.01501(c)(3) organiza	1,468. 1,468. 1,468. 2,8,291. 65,889. 1,451,053. ation, 95.93 % 95.46 % .10 %				
0 10 a b c c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage from 2014 tion D. Computation of Investion D. Computation of Investion D. Computation of Investion 1.	535. 535. 535. 25,301. 303,058. the organization's fine 8, column (f) dischedule A, Part struent Income	410. 410. 410. > <5,912. 15,259. 263,985. first, second, third reentage vided by line 13, c	344. 344. > <139. 11,359. 292,519. d, fourth, or fifth ta	257,816. 179. 179. 1,446. 13,970. 273,411.	<1,849.318,080.000000000000000000000000000000000	1,468. 1,468. 1,468. 3,468. 48,291. 65,889. 1,451,053. ation, 95.93 % 95.46 %				
Cale 9 10a b 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of Public support percentage from 2014 etion D. Computation of Investinest income percentage for 20	535. 535. 535. 21,837. 25,301. 303,058. the organization's fine 8, column (f) di Schedule A, Part strment Income 15 (line 10c, colume 2014 Schedule A, I	410. 410. 410. > <5,912. 15,259. 263,985. first, second, third recentage vided by line 13, co III, line 15 Percentage on (f) divided by line Part III, line 17	344. 344. > <139. 11,359. 292,519. d, fourth, or fifth ta	179. 179. 1,446. 13,970. 273,411. Ex year as a section	<1,849. 318,080. n 501(c)(3) organization 15 16	1,468. 1,468. 1,468. 3,468. 48,291. 65,889. 1,451,053. ation, 95.93 % 95.46 % 10 % 28 % 7 is not				
Cale 9 10 a b c 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here stion C. Computation of Public support percentage from 2014 tion D. Computation of linves Investment income percentage from 20 Investment income percentage from 23 31/3% support tests - 2015. If the more than 33 1/3%, check this box and	535. 535. 535. 25,301. 303,058. the organization's / ic Support Perine 8, column (f) di Schedule A, Part stment Income 15 (line 10c, column 2014 Schedule A, I organization did nind stop here. The	410. 410. 410. 410. 5, 912. 15, 259. 263, 985. First, second, third reentage vided by line 13, co Ill, line 15 Percentage on (f) divided by line Part III, line 17 ot check the box co organization quality	344. 344. > <139. 11,359. 292,519. d, fourth, or fifth tate olumn (f)) e 13, column (f)) on line 14, and line fies as a publicly s	179. 179. 179. 1,446. 13,970. 273,411. Ex year as a section apported organization	<1,849. 318,080. 501(c)(3) organization 15 16 17 18 3 1/3%, and line 1	1,468. 1,468. 1,468. 1,468. 65,889. 1,451,053. ation, 95.93 % 95.46 % .10 % .28 % 7 is not				
Cale 9 10a b 11 12 13 14 Sec 17 18 19a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, 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 VI.) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here etion C. Computation of Public support percentage for 2015 (il Public support percentage from 2014 investment income percentage from 2011 investment income percentage from 23 1/3% support tests - 2015. If the	535. 535. 535. 25,301. 303,058. the organization's / ic Support Perine 8, column (f) di Schedule A, Part stment Income 2014 Schedule A, I organization did ned stop here. The organization did ned stop here.	410. 410. 410. 5, 912. 15, 259. 263, 985. First, second, third reentage vided by line 13, could like the line of the lin	344. 344. > <139. 11,359. 292,519. d, fourth, or fifth tate olumn (f)) e 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	179. 179. 179. 1,446. 13,970. 273,411. Ex year as a section approved organization, and line 16 is mo	<1,849. 318,080. 1501(c)(3) organization 15 18 31/3%, and line 1 attion re than 33 1/3%, a	1,468. 1,468. 1,468. 1,468. 65,889. 1,451,053. ation, 95.93 % 95.46 % .10 % .28 % 7 is not				

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. A	1	Supporting Organizations

organization was described in section 509(a)(1) or (2)

- 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
- 3a 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
- 4a 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.
- 5a 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.
- 7 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)

	Yes	No
1_		
2	_	-
3a		
3b		
35		
3c		
4a		
4b		
4c		
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7		
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34		
9b		
9c	\dashv	
10a		
1 1	1	
10b		

Sche	edule A (Form 990 or 990-EZ) 2015 JUNIOR LEAGUE OF LAKE CHARLES, INC. 72-60	2907	0 Pa	age 5
	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	۱	i	
	below, the governing body of a supported organization?	11a	<u> </u>	├—
	A family member of a person described in (a) above?	11b	<u> </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. tion B. Type I Supporting Organizations	11c		<u> </u>
966	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		i
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			•
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		L
Sec	tion 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	tion Divini Type in 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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			
	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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard tion E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions):			
1 a	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.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.	ĺ	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			
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_ 38		
D	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard	3b		

	dule A (Form 990 or 990-EZ) 2015 JUNIOR LEAGUE OF LAKE C			72-6029070 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970. See ins	tructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	4		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		* `,	
	factors (explain in detail in Part VI):			
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	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ted Type III supporting or	rganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

	dule A (Form 990 or 990-EZ) 2015 JUNIOR LEAGUE	OF LAKE CHARL	ES, INC. 7	2-6029070 Page 7
Par		(a)(3) Supporting Orga	anizations (continued)	Current Year
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
<u>3</u>	Administrative expenses paid to accomplish exempt purpose	es or supported organization	IS	<u> </u>
<u> 4</u>	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.		<u> </u>	
<u>-7</u>	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	;	
	(provide details in Part VI). See instructions.		· · · · · · · · · · · · · · · · · · ·	
9_	Distributable amount for 2015 from Section C, line 6			
<u>10</u>	Line 8 amount divided by Line 9 amount	rs\	/ii\	(iii)
		(i) Excess Distributions	(ii) Underdistributions	Distributable
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2015	Amount for 2015
_	Distributable amount for 2015 from Section C, line 6			
1 2	Underdistributions, if any, for years prior to 2015	, , , , , , , , , , , , , , , , , , , ,		
4	(reasonable cause required-see instructions)	· ·		
	Excess distributions carryover, if any, to 2015:	<u> </u>	/	
3_	Excess distributions carryover, if any, to 2013.	· · · · · · · · · · · · · · · · · · ·	h	
<u>a</u>	, , , , , , , , , , , , , , , , , , , ,	ş		
<u>b</u>	* * * * * * * * * * * * * * * * * * * *			
_ <u>c</u>	From 2013		<u></u>	
	From 2014	, , , ,	\}	
	Total of lines 3a through e		<u></u>	
	Applied to underdistributions of prior years	***		
	Applied to 2015 distributions of prior years Applied to 2015 distributable amount	1.6%		
	Carryover from 2010 not applied (see instructions)		* ^`	
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		3 **	
4	Distributions for 2015 from Section D,	* *	- · · · · · · · · · · · · · · · · · · ·	
•	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4		~~ << >	
_ _	Remaining underdistributions for years prior to 2015, if			
3	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	****		
6	Remaining underdistributions for 2015. Subtract lines 3h	` ;	*	
·	and 4b from line 1 (if amount greater than zero, see	*	*	
	instructions).	4		
7	Excess distributions carryover to 2016. Add lines 3j		ş	
•	and 4c.		, , , , , , , , , , , , , , , , , , ,	
8	Breakdown of line 7:		,	
a	Dieardown of line 7.	, , ,	' u %	
_ <u>_</u> b		•,	ý	
	Excess from 2013		,	
	Excess from 2014	, ,	*>	
	Excess from 2015			

Schedule A	(Form 990 or 990-E	Z) 2015 JUNI	OK TIENG	UE UF LIA	RE CHARDE	B, INC.	72-0023070 Page 8
Part VI	Part IV, Section A line 1; Part IV. Sec	, lines 1, 2, 3b, 3c ction D, lines 2 and	, 4b, 4c, 5a, 6, d 3; Part IV, Se	9a, 9b, 9c, 11a, ction E. lines 1c	11b, and 11c; Pa 2a, 2b, 3a and 3,	art IV, Section B, lines b; Part V, line 1; Part '	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	Section D, lines 5, (See instructions.)	6, and 8; and Pa	rt V, Section E,	lines 2, 5, and (6. Also complete t	his part for any additi	onal information.
			<u>.</u>		···-		
							······································
							
		<u> </u>					
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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 Open to Public Inspection

Employer identification number Name of the organization 72-6029070 JUNIOR LEAGUE OF LAKE CHARLES,

Pa	organizations maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		us of Account	ts.Complete if the
·	organization districted 100 on 10000, 1 art 11, into	(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 wi	riting that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's ex			Yes No
6	Did the organization inform all grantees, donors, and donor ad-	visors in writing that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring	
	impermissible private benefit?			X Yes No
Pai	t II Conservation Easements. Complete if the orga	nızation answered "Yes" on Form 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g , recreation or ed	lucation) — Preservation of a his	storically importa	nt land area
	Protection of natural habitat	Preservation of a ce	ertified historic str	ucture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a conservation	on easement on the last
	day of the tax year.		Н	eld at the End of the Tax Year
а	Total number of conservation easements		. 2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic struc	cture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	he organızation d	uring the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located >	-	
5	Does the organization have a written policy regarding the pend	odic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements it h	holds?		└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting, has	andling of violations, and enforcing co	nservation easen	nents during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conser	vation easements	dunng the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	'0(h)(4)(B)(i)	
_	and section 170(h)(4)(B)(II)?			└ Yes └ No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization	n's accounting for
Do	conservation easements. t III. Organizations Maintaining Collections of A	Art Historical Transumos or	Other Similar	Accete
rai	Complete if the organization answered "Yes" on Form 9		Outer Sillinai	Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC		ement and balance	so choot works of art
Id	historical treasures, or other similar assets held for public exhibit	••		
	the text of the footnote to its financial statements that describe		rance of public sc	sivioc, provide, in vale xiii,
h	If the organization elected, as permitted under SFAS 116 (ASC		nt and balance el	heet works of art. historical
U	treasures, or other similar assets held for public exhibition, edu	*		
	relating to these items:	dealton, or research in lumbrance of p	abiio service, pro	THE THE WINDWING AMOUNTS
	(i) Revenue included on Form 990, Part VIII, line 1	,	L ¢	
			₽ ₽ _	
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treas	euras or other similar assets for financ		
2	the following amounts required to be reported under SFAS 116		nai gairi, provide	
2	Revenue included on Form 990, Part VIII, line 1	o to o o o o o o o o o o o o o o o o o	• ¢	
	Assets included in Form 990, Part X		₽ 4_	

	7 - 7 - 7 - 7 - 7	LEAGUE OF					0: ::			Page 2
Ь	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following th	at are a si	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	•	╸╚		hange progr	rams				
þ	Scholarty research	•	• 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how t	hey further t	the organizat	tion's exer	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istoncal trea	isures, or oth	ner similar	assets	_	_	
Γ=	to be sold to raise funds rather than to be m								<u>Yes</u>	No_
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	ns or other a	ssets not	ıncluded	_	_	
	on Form 990, Part X?							Ĺ	J Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
C	Beginning balance						1c_			
đ	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance					•	1f			, , ,
	Did the organization include an amount on F						ty?	L.	」Yes	L_ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fo	orm 990, Par					
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance				ļ					
b	Contributions .									
C	Net investment earnings, gains, and losses	·								
d	Grants or scholarships									
е	Other expenditures for facilities		ļ							
	and programs									
f	Administrative expenses									
g	End of year balance				L					
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	nd administe	ered for th	e organia	zation	_	
	by:									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment	funds						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990	0, Part X, I	ine 10.			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value
	· <u>-</u>	basis (ınvestr	ment)	basis	(other)	dep	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				676.			76.		0.
	Other				<u>7,161.</u>	1	54,4	87.	2	,674.
T-4-1	Add lines to through to (Column (d) must a	aual Form 000 Part	Vaclue	no (D) line 1	(00.)			— 1	2	h74.

Schedule D (Form 990) 2015

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, (c) Method of valuation	: Cost or end	l-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
	-			· · · · · · · · · · · · · · · · · · ·
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lir			
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end	l-of-year market value
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
		<u> </u>		
(4)				
(5)		-		
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		``,		····
Part IX Other Assets.				
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X,	line 15.	
	on Form 990, Part IV, lir Description	e 11d. See Form 990, Part X,	line 15	(b) Book value
		e 11d. See Form 990, Part X,	line 15.	(b) Book value
(a) [(1)		e 11d. See Form 990, Part X,	line 15	(b) Book value
(a) [(1) (2)		e 11d. See Form 990, Part X,	line 15.	(b) Book value
(a) [(1) (2) (3)		e 11d. See Form 990, Part X,	line 15.	(b) Book value
(a) [(1) (2) (3) (4)		e 11d. See Form 990, Part X,	line 15.	
(a) [(1) (2) (3) (4) (5)		e 11d. See Form 990, Part X,	line 15.	
(a) [(1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X,	line 15.	
(a) [(1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X,	line 15.	
(a) [(1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X,	line 15.	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	e 11d. See Form 990, Part X,	line 15.	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lines	Description	e 11d. See Form 990, Part X,	line 15.	
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) lines Part X Other Liabilities.	Description			
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lines	Description	e 11e or 11f. See Form 990, F		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) lines Part X Other Liabilities.	Description			
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See Form 990, F		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description	e 11e or 11f. See Form 990, F		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	e 11e or 11f. See Form 990, F		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description	e 11e or 11f. See Form 990, F		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	e 11e or 11f. See Form 990, F		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	e 11e or 11f. See Form 990, F		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	e 11e or 11f. See Form 990, F		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	e 11e or 11f. See Form 990, F		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Interception (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	e 11e or 11f. See Form 990, F		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) lines Part X Other Liabilities. Complete if the organization answered "Yes" of the image	Description	e 11e or 11f. See Form 990, F		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description = 15.) on Form 990, Part IV, Ir	e 11e or 11f. See Form 990, F		

Schedule D (Form 990) 2015

532054 09-21-15

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	LEAGUE OF LAKE C	HARLE	s.	INC.		72-6029	ntification number
	Complete if the organization ans				line 1		
 1 Indicate whether the organization rais 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, F b If "Yes," list the ten highest paid and compensated at least \$5,000 by the 	sed funds through any of the folloge Solids s f Solid g Spector or oral agreement with any individed Part VII) or entity in connection with any individuals or entities (fundraisers) processing the solid section in the	itation of itation of cial fundra ual (include h profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	T Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	hivitivi lihava cuetodvi liti		(iv) Gross receipts from activity	1	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
							<u> </u>
				_			
		!					
Total .			•				
 List all states in which the organization or licensing. 	on is registered or licensed to solic	at contrib	utions	or has been notified	l ıt is	exempt from re	egistration
							

	edu irt	le G (Form 990 or 990-EZ) 2015 JUNIOR	LEAGUE OF LA	KE CHARLES,		6029070 Page 2			
<u></u>	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
_		or land along over the land of	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
	ł		HOLIDAY	GOLF		(add col. (a) through			
			MARKET	TOURNAMENT		col. (c))			
<u>o</u>			(event type)	(event type)	(total number)	` "			
Revenue									
ě	1	Gross receipts		ļ					
_									
	2	Less. Contributions							
_	3	Gross income (line 1 minus line 2)	-						
	4	Cash prizes							
				,					
m	5	Noncash prizes							
JSe			İ						
ğ	6	Rent/facility costs							
Direct Expenses	_								
ည	7	Food and beverages							
Δ	_	F. A. A. C. C. C.							
	В	Entertainment	<u> </u>						
	9	Other direct expenses	L	1					
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li							
Pa	irt			n 990 Part IV line 19 or	reported more than				
L		\$15,000 on Form 990-EZ, line 6a	answered res on rom	11 300, 1 41 11 17, 111 10 10, 01	reported more than				
		ψ10,000 011 0111 030 EE, inte 0a	1	(b) Pull tabs/instant		(d) Total gaming (add			
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col. (c))			
š									
æ	1	Gross revenue							
	Ė	areco revenue				- · · · ·			
m	2	Cash prizes]						
Se		•							
Direct Expenses	3	Noncash prizes							
Ω.		•							
Je C	4	Rent/facility costs							
Δ	-	•							
	5	Other direct expenses		İ					
			☐ Yes %	☐ Yes %	☐ Yes %				
	6	Volunteer labor	No No	No —	No No				
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
		ter the state(s) in which the organization condu							
		he organization licensed to conduct gaming a				X Yes No			
b	lf "l	No," explain:							
	_								
	_					1. 1.			
		ere any of the organization's gaming licenses re	-			Yes X No			
b	If "`	Yes," explain:							
					· · · · · · · · · · · · · · · · · · ·				
									

Schedule G (Form 990 or 990-EZ) 2015 JUNIOR LEAGUE OF LAKE CHARLES, INC.	72-6029070 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes X 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 X No
13 Indicate the percentage of gaming activity conducted in:	
	142-1 0/
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
The state of the district and address of the time party.	
Name ▶	
Address	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatoni diatributiona	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes X No
retain the state gaming license?	•
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable Also provide any additional information (see instructions).	
	

Schedule G	G (Form 990 or 990-EZ)	JUNIOR	LEAGUE	OF	LAKE	CHARLES,	INC.	72-6029070 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (cont	tinued)					
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2015
Open to Public Inspection

Employer identification number

JUNIOR LEAGUE OF LAKE CHARLES, 72-6029070 INC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL AND CHARITABLE. FORM 990, PART VI, SECTION A, LINE 6: THREE CLASSES OF MEMBERS: PROVISIONAL, ACTIVE AND SUSTAINING. FORM 990, PART VI, SECTION A, LINE 7A: ACTIVE MEMBERS VOTE ON EXECUTIVE SLATE EACH YEAR. FORM 990, PART VI, SECTION A, LINE 7B: ALL EXECUTIVE DECISIONS ARE VOTED OR RATIFIED BY THE ACTIVE MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 DISTRIBUTED TO EXECUTIVE COMMITTEE AND APPROVED AT MONTHLY MEETING. FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION HAS WEBSITE AND PUBLISHES ANNUAL REPORT DISTRIBUTED TO THE COMMUNITY.