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EXTENDED TO JANUARY 17, 2017

Short Form

Form 990-EZ

OMB No. 1545-1150

Return of Organization Exempt From Income Tax

2015

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

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

JUN 1, 2015

and ending

MAY 31, 2016

B Check if applicable.

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

PALESTINE JUNIOR SERVICE LEAGUE

D Employer identification number

75-1791090

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

P.O. BOX 1423

E Telephone number

(903) 731-7057

City or town, state or province, country, and ZIP or foreign postal code

PALESTINE, TX 75802

F Group Exemption Number ►

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other 501(C)3 NONPROFIT CORPORATION

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 75,569.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	45,730.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	4,635.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	REG'D
	6 Gaming and fundraising events	6a	JAN 18 2017
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	IRS-OSC
Expenses	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	148.	of contributions
	c Less: direct expenses from gaming and fundraising events	6c	3027
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,546.
	7a Gross sales of inventory, less returns and allowances	7a	225.
	b Less: cost of goods sold	7b	84.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	141.
	8 Other revenue (describe in Schedule O)	SEE SCHEDULE O	66.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	58,118.
	10 Grants and similar amounts paid (list in Schedule O)	SEE SCHEDULE O	10 40,321.
Net Assets	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2,037.
	16 Other expenses (describe in Schedule O)	16	2,516.
	17 Total expenses. Add lines 10 through 16	17	44,874.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,244.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	102,710.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	115,954.

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

Form 990-EZ (2015)

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20

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

10

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	101,328.22	114,236.
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,382.24	1,718.
25 Total assets	102,710.25	115,954.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,710.27	115,954.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part I.

What is the organization's primary exempt purpose? SOCIAL SERVICE AND COMMUNITY PROJECTS

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

28 THE LEAGUE SUPPORTS VARIOUS COMMUNITY ORGANIZATIONS
THROUGH FINANCIAL CONTRIBUTIONS AND SERVICE

(Grants \$ 40,320.) If this amount includes foreign grants, check here 28a 40,320.

29

Page 10 of 10

(Grants \$) If this amount includes foreign grants, check here ►

(Grants \$) If this amount includes foreign grants, check here ▶ 30a

31 Other program services (describe in Schedule Q)

(Grants \$) If this amount includes foreign grants, check here 31a

32 Total program service expenses (add lines 28a through 31a) ► 32 40,320.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(b) Average hours (c) Reportable (d) Health benefits, (e) Estimated

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0. 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed ► NONE

42a The organization's books are in care of ► DANA MORGAN Telephone no. ► 903-724-4646

Located at ► P.O. BOX 1423, PALESTINE, TX

ZIP + 4 ► 75802

b 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)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

► 43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

	Yes	No
33		X
34		X
35a		X
35b	N/A	
35c		X
36		X
37b		X
38a		X
38b	N/A	
39a	N/A	
39b	N/A	
40b		X
40c		
40d		
40e		X
42b		X
42c		X
43		
44a		X
44b		X
44c		X
44d		
45a		X
45b		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

 Yes No

46

X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

47

X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48

X

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a

X

b If "Yes," was the related organization a section 527 organization?

49b

X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee NONE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **NONE**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

 Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

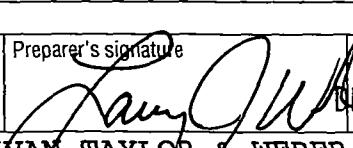
Signature of officer

1-13-17

Date



Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name LARRY J. WEBER	Preparer's signature 	Date DEC 14 2016	Check <input type="checkbox"/> if self-employed	PTIN P00582367
	Firm's name ► BOLTON, SULLIVAN, TAYLOR & WEBER, L.L.P.			Firm's EIN ► 75-1188801	
	Firm's address ► P. O. BOX 826 PALESTINE TX 75802			Phone no. 903-729-2229	

May the IRS discuss this return with the preparer shown above? See instructions

 Yes No

Form 990-EZ (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.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Employer identification number

PALESTINE JUNIOR SERVICE LEAGUE

75-1791090

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,055.	11,745.	11,827.	50,112.	50,361.	136,100.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	65,038.	64,517.	43,135.	13,362.	25,130.	211,182.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	77,093.	76,262.	54,962.	63,474.	75,491.	347,282.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6)						347,282.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	77,093.	76,262.	54,962.	63,474.	75,491.	347,282.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	833.	192.	46.	47.	66.	1,184.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	833.	192.	46.	47.	66.	1,184.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	77,926.	76,454.	55,008.	63,521.	75,557.	348,466.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99.66	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99.29	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	.34	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	.71	%
19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

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.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

Employer identification number
75-1791090

PALESTINE JUNIOR SERVICE LEAGUE 75-

► Attach to Form 990 or Form 990-EZ.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total 

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

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.

	(a) Event #1 GALA NIGHT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	70,643.			70,643.
2 Less: Contributions	68,077.			68,077.
3 Gross income (line 1 minus line 2)	2,566.			2,566.
4 Cash prizes				
5 Noncash prizes	100.			100.
6 Rent/facility costs	6,791.			6,791.
7 Food and beverages	909.			909.
8 Entertainment	1,200.			1,200.
9 Other direct expenses	4,657.			4,657.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► 13,657.
11 Net income summary. Subtract line 10 from line 3, column (d)				► <11,091.►

Part III

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				►
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				►

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11. Does the organization conduct gaming activities with nonmembers? Yes No

12. Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13. Indicate the percentage of gaming activity conducted in:

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 records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16. Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17. Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

PALESTINE JUNIOR SERVICE LEAGUE

Employer identification number
75-1791090

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS	225.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	225.
4. COST OF GOODS SOLD (LINE 13)	84.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	141.

COST OF GOODS SOLD:

6. INVENTORY AT BEGINNING OF YEAR	1,382.
7. MERCHANDISE PURCHASED	0.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	1,382.
12. INVENTORY AT END OF YEAR	1,298.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	84.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
CITIZENS NATIONAL BANK-INTEREST	66.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: BACK TO SCHOOL FAIR

GRANTEE ADDRESS: PALESTINE PALESTINE, TX 75801

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AMOUNT GIVEN: **10,706.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: ARTS PROJECT

GRANTEE ADDRESS: VARIOUS PALESTINE, TX 75801

AMOUNT GIVEN: **1,074.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: MULTICULTURAL EDUCATION CENTER

GRANTEE ADDRESS: 1402 W OAK ST PALESTINE, TX 75802

AMOUNT GIVEN: **500.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: YMCA OF PALESTINE, TEXAS

GRANTEE ADDRESS: 5500 TX-256 LOOP PALESTINE, TX 75801

AMOUNT GIVEN: **1,000.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: EAST TEXAS FOOD BANK

GRANTEE ADDRESS: 3201 ROBERTSON RD TYLER, TX 75701

AMOUNT GIVEN: **10,000.**

ACTIVITY CLASSIFICATION:

GRANTEE NAME: VETERANS OF AMERICA

GRANTEE ADDRESS: 927 GARDNER DR PALESTINE, TX 75803

AMOUNT GIVEN: **500.**

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Employer identification number
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ACTIVITY CLASSIFICATION:

GRANTEE NAME: ANDERSON COUNTY HUMANE SOCIETY

GRANTEE ADDRESS: 335 ARMORY RD PALESTINE, TX 75803

AMOUNT GIVEN:

1,500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: ANDERSON COUNTY VETERAN SERVICES

GRANTEE ADDRESS: 2000 S, LOOP 256 STE 36 PALESTINE, TX 75801

AMOUNT GIVEN:

750.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: ST VINCENT DE PAUL

GRANTEE ADDRESS: 503 N. QUEEN ST PALESTINE, TX 75801

AMOUNT GIVEN:

2,500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: PALESTINE FOOD PANTRY

GRANTEE ADDRESS: 1434 COURT DR PALESTINE, TX 75803

AMOUNT GIVEN:

1,300.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: UNITED WAY

GRANTEE ADDRESS: 101 OAK ST. PALESTINE, TX 75801

AMOUNT GIVEN:

300.

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Name of the organization

PALESTINE JUNIOR SERVICE LEAGUE

Employer identification number
75-1791090

ACTIVITY CLASSIFICATION:

GRANTEE NAME: VIETNAM VETERANS OF FOREIGN WAR

GRANTEE ADDRESS: 160 COUNTY RD 2101 PALESTINE, TX 75801

AMOUNT GIVEN:

500.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: REFUGE OF LIGHT

GRANTEE ADDRESS: 202 W OAK ST PALESTINE, TX 75801

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: MEALS ON WHEELS OF PALESTINE

GRANTEE ADDRESS: 200 N CHURCH ST PALESTINE, TX 75801

AMOUNT GIVEN:

5,608.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SPREAD THE WARMTH PROJECT

GRANTEE ADDRESS: VARIOUS PALESTINE, TX 75801

AMOUNT GIVEN:

355.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: CURIOUS IMAGINATION

GRANTEE ADDRESS: VARIOUS PALESTINE, TX 75801

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION:

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Name of the organization

PALESTINE JUNIOR SERVICE LEAGUE

Employer identification number
75-1791090

GRANTEE NAME: CLEANING SUPPLIES AND SCHOOL UNIFORMS FOR FLOOD

VICTIMS

GRANTEE ADDRESS: VARIOUS PALESTINE, TX 75801

AMOUNT GIVEN:

728.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

40,321.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

ADMINISTRATIVE EXPENSES

2,516.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION

BEG. OF YEAR

END OF YEAR

INVENTORY-COOKBOOKS

1,382.

1,298.

DUE FROM OFFICERS

0.

420.

TOTAL TO FORM 990-EZ, LINE 24

1,382.

1,718.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.