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## DLN: 93493084002167

# **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

Open to Public Inspectio<u>n</u>

Department of the Treasury

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

		enue Service   e 2015 calendar year, or tax year beginning 06-01-2015     , and ending 05-31-201	6			
		C Name of organization	.0	D Emplo	yer ider	itification number
_		JUNIOR LEAGUE OF LAS VEGAS INC change		88-00	68224	ı
_ N	ame ch	nange Doing business as		00 00	0022-	
In In	itial ref					
Fi return	nal ⁄termır	Number and street (or P O box if mail is not delivered to street address) Room/su	ite	E Telepho	ne numl	ber
_		861 EAST BRIDGER AVENUE		(702)	822-6	536
Ар	plicatio	City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS, NV 89101		<b>G</b> Gross n	eceipts \$	5 519,941
		F Name and address of principal officer	<b>H(a)</b> Is th	Is a droup	return	for
		LORI SMITH		rdinates?	recuin	⊤ Yes 🗸
		861 EAST BRIDGER AVENUE LAS VEGAS,NV 89101	No	. II. a sala a sala		
I Ta	x-exer	npt status	H(b) Are a inclu if "N	ded?		Yes No
J W	ebsit	e:▶ WWW JLLV ORG		up exempt		•
<b>K</b> For	n of or	rganization	1	ormation 19		State of legal domicile NV
Pa	rt I	Summary				
	1	riefly describe the organization's mission or most significant activities				
Governance	W	VE ARE AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING VOL VOMEN, AND IMPROVING COMMUNITIES THROUGH THE EFFECTIVE ACTI OLUNTEERS	·			
E	_					
o ve	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more than i	25% of its	net ac	cets
		oneek and box F   If the diganization discontinued to operations of disposed	or more enam.	23 70 01 103	1100 43	3003
S.	3	Number of voting members of the governing body (Part VI, line 1a)		. [	3	12
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)		[	4	12
	5	Total number of individuals employed in calendar year 2015 (Part V , line 2a) $$ .		[	5	2
٩	6	Total number of volunteers (estimate if necessary)			6	500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 $\cdot$ . $\cdot$ .			7a	0
	ЬN	et unrelated business taxable income from Form 990-T, line 34			7b	α
			Pric	or Year		Current Year
Qı.	8	Contributions and grants (Part VIII, line 1h)		183,5		133,207
enueve	9	Program service revenue (Part VIII, line 2g)			0	0
Rave	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		·	357	21,411
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	117,8	_	165,817
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin 12)	е	305,2	204	320,435
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
&	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$ )		16,1	.76	18,379
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
ä	b	Total fundraising expenses (Part IX, column (D), line 25) ▶7,482				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		259,0	86	254,086
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		275,2	62	272,465
	19	Revenue less expenses Subtract line 18 from line 12		29,9	42	47,970
Net Assets or Fund Balances			Beginning o	of Current \	ear ear	End of Year
Asse Bak	20	Total assets (Part X, line 16)		2,080,3	85	2,110,160
₹ <u>₽</u>	21	Total liabilities (Part X, line 26)	•	97,7		79,199
	22	Net assets or fund balances Subtract line 21 from line 20		1,982,6	559	2,030,961
	t II	Signature Block			h	
my k	nowle	alties of perjury, I declare that I have examined this return, including accompar dge and belief, it is true, correct, and complete Declaration of preparer (other th as any knowledge				
		*****	20	017-03-14		

Sign		Signature of officer		2017-03-14 Date					
Here		LORI SMITH PRESIDENT Type or print name and title							
Paid			Preparer's signature JEFF A STOUT CPA	Date 2017-03-02	Check If self-employed	PTIN P00897112			
Preparer	,	Firm's name  ELLSWORTH & STOUT CP		Firm's EIN ▶ 26-1629859					
Use Only		Firm's address ► 7881 W CHARLESTON BLV	/D SUITE 155		Phone no (702	) 871-2727			
		LAS VEGAS, NV 89117							
May the IRS	dı	scuss this return with the preparer sho	own above? (see instructions) .			✓Yes No			

Form	1990 (2015)				Page 2
Par	t IIII Stateme	ent of Program Service A	ccomplishments		<del>-</del>
		<b>_</b>	or note to any line in this Part III	<u> </u>	
1	•	the organization's mission			
AND IS E	IMPROVING CON XCLUSIVELY EDU	MMUNITIES THROUGH THE E CATIONAL AND CHARITABL	ED TO PROMOTING VOLUNTARI: FFECTIVE ACTION AND LEADERS E WE REACH OUT TO WOMEN OF ND COMMITMENT TO VOLUNTAR	SHIP OF TRAINED VOLUNTE ALL RACES, RELIGIONS AN	ERS OUR PURPOSE
2	the prior Form 99	0 or 990-EZ?		ch were not listed on	Yes ↓No
_	·	e these new services on Schedu			
3	services?		significant changes in how it conduct	ts, any program [	Yes <b>√</b> No
	If "Yes," describe	e these changes on Schedule O			
4	expenses Sectio		omplishments for each of its three land inizations are required to report the program service reported		
<b>4</b> a	(Code	) (Expenses \$	242,263 including grants of \$	) (Revenue \$	)
	MEMBERS, JLLV IS I COMMUNITY JUNIC THE ORGANIZATION DONE IN A DAY PRO ALLOW CAMARADER KIDS IN THE KITCH ISSUES SURROUND FALL OUTSIDE THE PROVIDE FUNDING THE JLLV HEADQUAL AND RESTORED THI HISTORIC MID CEN VEGAS ROOTS COM THROUGH THE DEV IN COORDINATION EXAMINATIONS, IM	DEDICATED TO IMPROVING CLARK COLOR LEAGUE PROJECTS MEET A VARIETY IN SINCE 1987, THE SUSTAINING MEMED JECTS PROVIDE A HANDS-ON VOLUNTILE AND IMMEDIATE SATISFACTION WILLIAM SOCIATION-WIDE INITIATION OF A PROJECT AND PERM TO CLARK COUNTY EDUCATORS ENABRETS, THE MORELLI HOUSE, WAS OR E HOUSE AS A HISTORICAL PRESERVAT TURY HOUSE THROUGH PRE-ARRANGE MUNITY GARDEN TO PROMOTE COMMUNITY GARDEN TO PROMOTE COMMUNITY GARDEN TO PROMOTE COMMUNITY GARDEN TO PROMOTE COMMUNITY GARDEN TO PREMIER COMMUNITY LEADERS J	SERVICE AND FUNDRAISING EFFORTS BY TO JUSTY AND TRAINING MEMBERS TO BECOME OF COMMUNITY NEEDS THE ANNUAL HOLIGERS COORDINATE A HOLIDAY GIFT DRIVE FEER EXPERIENCE FOR IMMEDIATE CHANGE ITH LEAGUE MEMBERS AND ADDRESS THE FOWN OF THE ASSOCIATION OF JUNIOR LEAGUIUTRITION COMMUNITY GRANTS PROVIDE IT LILV TO STRENGTHEN AN EXISTING OR PLUNG THEM TO DEVELOP AND IMPLEMENT EIGINALLY LOCATED ON THE DESERT INN COUTON PROJECT AND TO SERVE AS THE LEAGUED GROUP TOURS, PUBLIC OPEN HOUSES, AUTITY AWARENESS OF SUSTAINABLE AGRICY GARDEN, PROVIDE A VARIETY OF VOLUNTILLY'S CARE FAIR PROJECT ARRANGES ONE REVED MEMBERS OF THE COMMUNITY THROUGH TO THE COMMUNITY THROUGH TO THE COMMUNITY THROUGH TO THE COMMUNITY THROUGH T	EFFECTIVE VOLUNTEERS AND LEADE IDAY BEAR PROJECT IS THE OLDEST (FOR APPROXIMATELY 350 CHILDREN FOR TO THE COMMUNITY SELECTED PRODUS AREA OF HEALTH AND WELLINES HES INTERNATIONAL (AJLI) THAT HELF BOTH MUCH NEEDED FUNDING FOR MAST PROJECT OR ADVOCACY EFFORT DUCATIONAL ENRICHMENT PROJECTS UNTRY CLUB ESTATES, NOW THE WYJE'S HEADQUARTERS THE PUBLIC PRINCH ENDICATIONAL PROGRAMS JILLY (ULTURE, PROMOTE COMMUNITY HEADER OF COMMUNITY HEAD ERROPORTUNITIES, AND OFFER A HEAD AND THE HEAD OFFER A HEAD OFFER A HEAD AND THE HEAD OFFER A HEAD AND THE HEAD OFFER A HEAD OFFER	RS WITHIN THE DN-GOING PROJECT OF FROM AT-RISK SCHOOLS DJECTS ARE CHOSEN TO SE JUNIOR LEAGUES' PS ADDRESS THE URGENT COMMUNITY NEEDS THAT EDUCATION GRANTS 5 IN THE CLASSROOM NN RESORT JILV MOVED OGRAM SHOWCASES THE COLLABORATED WITH THE LITH AND FITNESS HIGHLY-VISIBLE PROJECT OST MEDICAL
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program s	services (Describe in Schedule	0)		

(Expenses \$

4e Total program service expenses ▶

242,263

including grants of \$ ) (Revenue \$

orm	990 (2015)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
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 $98-197$ . If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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		No
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	<b>11</b> c		No
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 2	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	<b>12</b> a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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	Yes	
19	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	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

# Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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 $1^7$ If "Yes," complete Schedule I, Parts I and II	21	No
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	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d		

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

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37

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Yes

Form 990 (2015)

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Nο

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Νo

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Nο

Par	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			
		effect if seffective of contains a response of flote to any fine in ans	- GIC	<b>v</b>	·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		ا	o vend	fors and reportable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1c		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	22	2			
<b>.</b>	•	s return	2a		2b	Yes	
D		lf the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the	year <sup>7</sup>	3a		No
ь	If "Ye:	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>	on in S	Schedule O	3b		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	ıgnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities ac	count,	or other financial	4a		
	accou	nt)?			70		No
b		s," enter the name of the foreign country	1				
	(FBAF	istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank ()	k and	Financial Accounts			
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited i					No
					5b		
С	IT "Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does	the organization have annual gross receipts that are normally greater than \$10	00,00	0, and did the	6a		No
	organi	ization solicit any contributions that were not tax deductible as charitable cont	tributi	ons?			
b		s," did the organization include with every solicitation an express statement the not tax deductible?	hat su	ch contributions or gifts	<b>6</b> b		
7		izations that may receive deductible contributions under section 170(c).	• •		- 00		
	_	e organization receive a payment in excess of \$75 made partly as a contributi	ıon an	d partly for goods and	7a		No
-		es provided to the payor?					
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	rovide	ed?	<b>7</b> b		
c		e organization sell, exchange, or otherwise dispose of tangible personal proper	rty for	which it was required to	7c		No
а		rm 8282?	   7d		70		NO
u	11 10	s, maleute the number of forms 5252 filed during the year	, u				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	oerson	al benefit contract?			
	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	onofit contract?	7e 7f		
		organization received a contribution of qualified intellectual property, did the o					
9	requir			acion me i omi oo 5 5 as	<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	s, dıd	the organization file a			
		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu	isines	s holdings at any time			
		the year?		· · · · ·	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	? .		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	faciliti			1	ı		
		on 501(c)(12) organizations. Enter Income from members or shareholders	11a				
		income from other sources (Do not net amounts due or paid to other sources	114				
b		st amounts due or received from them )	11b				
122	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	مبل مر (	u of Form 10/12	12a		
		s," enter the amount of tax-exempt interest received or accrued during the		4 011 01111 10 71'	-£a		
,	year		12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
-	] c + h -	organization licenced to issue qualified health plans in more than any attached	loto C	ion the instructions for			
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ore. S	tee the instructions for	<b>13</b> a		
b		the amount of reserves the organization is required to maintain by the states					
		ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an expla</i> na	ation ir	Schedule O	14b		

Part VI

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

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

Section A. Governing Body and Management

Yes

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee

1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	siness • •	relationship	p with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co				3		No
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						No
5	Did the organization become aware during the year of a significant diversion of the o	organız	ation's asse	ts? .	5		No
6	Did the organization have members or stockholders?				6		No
7a	Did the organization have members, stockholders, or other persons who had the powmore members of the governing body?			oint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	al by) i		ockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ions ui	ndertaken dı	uring the			
а	The governing body?		8a	Yes			
b	Each committee with authority to act on behalf of the governing body?				<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>				9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the	Internal R	evenu	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the	Internal R	evenu	ue Cod Yes	e.) No
.0a	Did the organization have local chapters, branches, or affiliates?				evenu 10a		
.0a			 s of such ch	• • apters,			No
.0a b	Did the organization have local chapters, branches, or affiliates?	tivitie:	 s of such ch xempt purpo	· · apters, oses?	10a		No
.0a b .1a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its	tivitie: ion's e ts gov	s of such ch xempt purpo erning body	· · apters, oses?	10a 10b	Yes	No
.0a b .1a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie: ion's e ts gov  Form 9	s of such ch xempt purpo erning body 	apters, oses? before filing 	10a 10b	Yes	No
.0a b .1a b	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov  Form 9	s of such ch xempt purpo erning body  990	apters, oses? before filing 	10a 10b 11a	Yes	No
.0a b .1a b	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov  Form S	s of such ch xempt purpo erning body  	apters, oses? before filing   ould give	10a 10b 11a	Yes	No No
.0a b .1a b .2a b	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov  Form S	s of such ch xempt purpo erning body  	apters, oses? before filing   ould give	10a 10b 11a 12a 12b	Yes	No No
.0a b .1a b .2a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 . Illy inte	s of such ch xempt purpo erning body 	apters, oses? before filing   ould give	10a 10b 11a 12a 12b	Yes	No No No No
.0a b .1a b .2a b	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov  Form 9  illy inte	s of such ch xempt purpo erning body  990	apters, oses? before filing ould give os," describe	10a 10b 11a 12a 12b 12c 13	Yes	No No No No
.0a b .1a b .2a b c	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov  Form 9  illy inte n the p	s of such ch xempt purpo erning body  990	apters, oses? before filing ould give os," describe	10a 10b 11a 12a 12b 12c 13	Yes	No No No No
.0a b .1a b .2a b c	Did the organization have local chapters, branches, or affiliates?	tivitie. ion's e ts gov  Form 9  illy inte in the p	s of such ch xempt purpo erning body  990	apters, oses? before filing ould give os," describe	10a 10b 11a 12a 12b 12c 13	Yes	No No No No
.0a b .1a b .2a b c	Did the organization have local chapters, branches, or affiliates?	tivitie. ion's e ts gov  Form 9  illy inte in the p	s of such ch xempt purpo erning body  990	apters, oses? before filing ould give os," describe oy	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No
.0a b .1a b .2a b c .3 .4	Did the organization have local chapters, branches, or affiliates?	tivitie. ion's e ts gov  Form 9  illy inte  n the p  view arine deli	s of such ch xempt purpo erning body	apters, oses? before filing	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No
.0a b .1a b .2a b c .3 .4	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov  Form 9  illy inte n the p  view ar he deli	s of such ch xempt purpo erning body  990	apters, oses? before filing ould give ould give oy decision?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No
.0a b .1a b .2a b c .3 .4 .5 a b	Did the organization have local chapters, branches, or affiliates?	tivitie. ion's e ts gov  Form 9  illy inte  n the p  niew ar he deli  or sim  nizatiol	s of such ch xempt purpo erning body	apters, oses? before filing	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

✓ Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

O State the name, address, and telephone number of the person who possesses the organization's books and records

▶JUNIOR LEAGUE OF LAS VEGAS 861 EAST BRIDGER AVENUE LAS VEGAS, NV 89101 (702)822-6536

Part VII

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

# 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

▼ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) (A) (B) (C) (D) (E) Name and Title Reportable Reportable Average Position (do not check Estimated hours per more than one box, unless compensation compensation amount of week (list person is both an officer from the from related other any hours and a director/trustee) organization organizations compensation (W-2/1099-(W-2/1099for related from the volative Highest compensated Individual trustee organizations Institutional MISC) MISC) organization director. below and related employee dotted line) organizations Trustee 17 00 (1) LORT SMITH х ٥ PRESIDENT 15 00 (2) JENNIFER WHITE PRESIDENT ELECT 10 00 (3) SONNYA DEBONIS Х 0 PRESIDENT ELECT ELECT / VP LEAGUE OPS 4 00 (4) STESHA WHITE Х VP COMMUNITY 5 00 (5) DALISA COOPER Х VP FUND DEVELOPMENT 4 00 (6) RACHEL HUNT Х VP FINANCE 2 00 (7) HEATHER MARTIN Χ RECORDING SECRETARY 6 00 (8) KIMBERLY MAYBERRY Χ 0 COMMUNITY MAL 5 00 (9) GABRIELLE ROBILLARD Х 0 FUND DEVELOPMENT MAL (10) DANA SALMONSON 0 LEAGUE OPS MAL 10 00 (11) LAUREN OBERG X Х 0 0 TREASURER 10 00 (12) MELISSA SCOTT Х n SUSTAINING BOARD PRESIDENT

art VII	Section A. Officers,	Directors, T	rustees, Key	Employees,	and Highest	<b>Compensated Employees</b>	(continued)

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b c	Sub-Total Total from continuation sheet						. •				
d	Total (add lines 1b and 1c) .						<b>&gt;</b>		0	0	0
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) wl	no received more th	an	

- 3
  - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
  - on line 1a? If "Yes," complete Schedule J for such individual .
  - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
  - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual .
  - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

# Section B. Independent Contractors

- Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
- compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation
- Total number of independent contractors (including but not limited to those listed above) who received more than
  - \$100,000 of compensation from the organization ▶ 0

Yes

3

4

5

No

Νo

Νo

Νo

Form 99								Page <b>9</b>
Part V	/1111	Statement o						_
		Check if Schedu	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated camp	paigns 1a					
Grants mounts	ь	Membership du	es <b>1b</b>	73,803				
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising eve	ents <b>1</b> c					
	d	Related organiz	ations 1d					
	e	Government grants	s (contributions) <b>1e</b>					
	f		ons, gifts, grants, and <b>1f</b>	59,404				
but	g	similar amounts no	ot included above					
ntri d O		1a-1f \$			400 007			
Cont	h	Total. Add lines	s 1a-1f		133,207			
El e				Business Code				
NeV-	2a b	-						1
ıΣ ČŽ	, c							
r MC	d							
Program Service Revenue	e							
grar	f	All other progra	ım service revenue					
Æ	g	Total. Add lines	s 2a-2f	>				
	3	Investment inc	ome (including dividen	ds, interest,	21,411	21,411		
	4		ar amounts) tment of tax-exempt bond		21,411	21,711		1
	5							
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d		s)					
Other Revenue	8a	Gross income frevents (not incl  \$ of contributions						
Ţ.		See Part IV, lin	e 18	355,981				
∯.	ь	Less direct ex	penses <b>b</b>	199,506				
0	c	Net income or (	loss) from fundraising	events ▶	156,475			156,475
	9a	Gross income fi See Part IV , lin	rom gaming activities le 19 a					
	1		penses b					
	C	Net income or (	loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold <b>b</b>					
	С		loss) from sales of inv					
	110	Miscellaneous		Business Code 900099	9,342	9,342		
	11a b	OTHER INCOM	1 E	300059	5,542	5,342		
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	🕨	9,342			
	12	Total revenue.	See Instructions .	🕨	320,435	30,753		0 156,475
					320,433	30,733		-1 130,473

# Part IX Statement of Functional Expenses

ection 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	

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	18,379	14,704	2,205	1,470
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,373	11,701	2,203	1,170
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,500		11,500	
12	Advertising and promotion				
13	Office expenses	4,834	3,867	580	387
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	23,749	18,999	2,850	1,900
23	Insurance	6,358	5,086	763	509
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) amount, list line 24e expenses on Schedule O)				
а	PRO GRA M	146,823	146,823		
b	NATIONAL MEMBERSHIPS DU	20,629	20,629		
c	MISCELLANEOUS	13,410	10,728	1,609	1,073
d	REPAIRS	8,628	6,903	1,035	690
e	All other expenses	18,155	14,524	2,178	1,453
25	Total functional expenses. Add lines 1 through 24e	272,465	242,263	22,720	7,482
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form	990 (2	2015)				Page <b>11</b>
Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any lin	ie in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		685,291	1	943,036
	2	Savings and temporary cash investments		492,882	2	296,422
	3	Pledges and grants receivable, net		7,787	3	_
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former offickey employees, and highest compensated employees. Considerable Louisian Considerable Consider	omplete Part II of		5	
Assets	6	Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see inst	c)(3)(B), and section 501(c)(9)		6	
\ss	7	Notes and loans receivable, net			7	
4	8	Inventories for sale or use		287	8	
	9	Prepaid expenses and deferred charges		4,982	9	4.963
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,114,109	,		.,,,,,,
	ь	Less accumulated depreciation	<b>10b</b> 310,489	827,369	<b>10</b> c	803,620
	11	Investments—publicly traded securities		1,787	11	2,119
	12	Investments—other securities See Part IV, line 11 .			12	<u> </u>
	13	Investments—program-related See Part IV, line 11 .		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	60,000	15	60,000	
	16	Total assets.Add lines 1 through 15 (must equal line 34)		2,080,385	16	2,110,160
	17			36.878	17	8,801
		Accounts payable and accrued expenses	30,010		0,001	
	18	Grants payable	60,848	18	00.207	
	19	Deferred revenue		60,040	19	66,387
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part IV o			21	
ilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di	squalified			
Liab		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	rties		24	
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o related third parties,			
				0	25	4,011
	26	Total liabilities. Add lines 17 through 25		97,726	26	79,199
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ▶ 🔽 and complete			
<u>a</u>	27	Unrestricted net assets		466,041	27	531,453
Ba	28	Temporarily restricted net assets		857,959	28	835,807
<u> </u>	29	Permanently restricted net assets		658,659	29	663,701
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), cl complete lines 30 through 34.	neck here 🕨 🗀 and	`		·
<b>S</b>	30	Capital stock or trust principal, or current funds			30	
se	31	Paid-in or capital surplus, or land, building or equipment	fund		31	
As	32	Retained earnings, endowment, accumulated income, or			32	
let	33	Total net assets or fund balances		1,982,659	33	2,030,961
~	55	Foral fiel assets of fully parallees		1,302,009	رر	2,000,001

Total liabilities and net assets/fund balances . . . . . . . . . . .

34

2,110,160

2,080,385

9	Other changes in net assets or fund balances (explain in Schedule O)	8			
9	other changes in het assets of fund barances (explain in schedule 0)	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		2,0	30,961
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		. [

If Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Both consolidated and separate basis ✓ Separate basis Consolidated basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Nο Single Audit Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

**Employer identification number** 

88-0068224

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

# **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 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

990EZ)

1

2 3

SCHEDULE A

Name of the organization

JUNIOR LEAGUE OF LAS VEGAS INC

(Form 990 or

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

′		described in section 1	70(b)(1)(A)(	<b>vi).</b> (Complete Part II	)	-	nental unit or from the g	leneral public		
8		A community trust des			, ,	,				
9	<b>▽</b>	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 Seesection 509(a)(2). (Complete Part III)								
10	Г	An organization organized and operated exclusively to test for public safety See section 509(a)(4).								
11 a	r r	one or more publicly s the box in lines 11a th <b>Type I.</b> A supporting o supported organization	upported orga nrough 11d tha organization op n(s) the power	inizations described in at describes the type operated, supervised, or to regularly appoint o	section 509(a of supporting or r controlled by r elect a majori	)(1) or sectio ganization ar its supported	nctions of, or to carry on 509(a)(2) See <b>sectio</b> d complete lines 11e, 1 organization(s), typical ctors or trustees of the	<b>n 509(a)(3).</b> Check 1f, and 11g ly by giving the		
b	Γ		organization s pporting orgai	supervised or controlle nization vested in the s	d in connection		ported organization(s), t r manage the supported			
c	$\overline{}$	Type III functionally i	integrated. A	supporting organizatio			h, and functionally integ	grated with, its		
	•	supported organization								
d		not functionally integral (see instructions) <b>You</b>	ated The orga u must comple	anization generally mu ete Part IV, Sections A	st satisfy a dis and D, and Pa	trıbutıon requ r <b>t V.</b>	n with its supported org irement and an attentiv	eness requirement		
е							t is a Type I, Type II, T	ype III functionally		
		integrated, or Type III		, , , , , , , , , , , , , , , , , , , ,						
f g	Ente	r the number of support Provide the following in	-							
Nam	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the orga Iisted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)		
					Yes	No				
Tota										
		vork Reduction Act Noti	ice, see the In	structions for Form 99	00 or 990EZ.	Cat No 11	285F			

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.	)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	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						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
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)						
L1	<b>Total support.</b> Add lines 7						
12	through 10 [ Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	•	•	▶□
b	<b>33 1/3% support test—2014.</b> If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- <del>-</del>
<b>L</b>	organization  10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

Gifts, grants, contributions, and

membership fees received (Do  $\,$ 

Section A. Public Support Calendar year

(or fiscal year beginning in) ▶

(f)Total

880,103

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

215,512

(a)2011

rt

(c)2013

169,496

(d)2014

183,543

**(e)**2015

133,207

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

**(b)**2012

178,345

	membership fees received (Do	215,512	1/8,345	169,496	183,543		133,207	880,10
2	not include any "unusual grants") Gross receipts from admissions,							
_	merchandise sold or services							
	performed, or facilities furnished	102,152	112 701	140,551	107,128		156,475	620,00
	in any activity that is related to	102,132	113,701	140,551	107,128		130,473	620,00
	the organization's tax-exempt							
	purpose							
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	<del>                                     </del>						
5	The value of services or facilities furnished by a governmental unit							
	to the organization without charge							
6	<b>Total.</b> Add lines 1 through 5	317,664	292,046	310,047	290,671		289,682	1,500,11
	Amounts included on lines 1, 2,	317,001	2,52,616	310,017	230,071		-05,002	1,000,11
/a	and 3 received from disqualified							
	persons							
h	A mounts 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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							1,500,11
	from line 6 )							1,500,11
Se	ction B. Total Support							
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 20	15	(f)Total
•	iscal year beginning in) ▶		• •					4 500 44
9	Amounts from line 6	317,664	292,046	310,047	290,671		289,682	1,500,11
10a	Gross income from interest,							
	dividends, payments received on	17,507	12,424	11,544	3,857		21,411	66,74
	securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable						-+	
U	income (less section 511 taxes)							
	from businesses acquired after							
	June 30, 1975							
С	Add lines 10a and 10b	17,507	12,424	11,544	3,857		21,411	66,74
11	Net income from unrelated	, i	, i	,	,			· · ·
	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				10,676		9,342	20,01
	capital assets (Explain in Part				10,070		5,542	20,01
	VI)							
13	Total support. (Add lines 9, 10c,	335,171	304,470	321,591	305,204	;	320,435	1,586,87
	11, and 12)	·	<u>'</u>		· ·			
14	First five years. If the Form 990 is f	for the organization	n's first, second,	third, fourth, or f	ifth tax year as a	section 5	01(c)(3	) organization,
	check this box and <b>stop here</b>							<u> </u>
Se	ction C. Computation of Pub							
15	Public support percentage for 2015	i (line 8, column (f	f) divided by line	13, column (f))		15		94 530 %
16	Public support percentage from 20:	14 Schedule A, Pa	art III, line 15			16		95 390 9
Se	ction D. Computation of Inv	estment Inco	me Percenta	qe				
17	Investment income percentage for	<b>2015</b> (line 10c, co	olumn (f) divided	by line 13, colum	ın (f))	17		4 210 %
18	Investment income percentage from	•	• •		· //	18		
	•				l		20/	3 950 %
19a	<b>33 1/3% support tests—2015.</b> If the	-		•			ı‰, and	
_	more than 33 1/3%, check this box	-		·				►✓
b	<b>33 1/3% support tests—2014.</b> If the	e organization did i	not check a box o	on line 14 or line	19a, and line 16	ıs more th	1an 33 1	/3% and line
	18 is not more than 33 1/3%, check	к this box and <b>sto</b> r	<b>p here.</b> The orgar	nization qualifies	as a publicly sup	ported org	janizatio	on ▶ [
20	- · · · · · · · · · · · · · · · · · · ·			40 401 1				

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### Part IV Supporting Organizations

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

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	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 <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2)  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
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 <b>Part VI</b> when and how the organization made the determination	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
<b>4</b> a	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	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	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  Did the organization support any foreign supported organization that does not have an IRS determination under	15		 
C	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	4c		
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)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
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 II of Schedule L (Form 990)	8		
<b>9</b> a	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	<b>10</b> a		
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)	<b>10</b> b		
1	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) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	110		1

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or 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		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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 <b>Part VI</b> 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 <b>Part VI</b> 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			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e  g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if 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)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
			(F 000 000 F7) /2 0 1 F

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SCHEDULE D Supplemental Ein

# **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  $\underline{www.irs.gov/form990}$ .

OMB No 1545-0047

DLN: 93493084002167

Open to Public Inspection

Department of the Treasury

(Form 990)

Internal Revenue Service **Employer identification number** Name of the organization JUNIOR LEAGUE OF LAS VEGAS INC 88-0068224 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1

the organization's accounting for conservation easements

- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenue included on Form 990, Part VIII, line 1

(B)(I) and section 170(h)(4)(B)(II)?

P \$ \_\_\_\_\_

☐ No

Assets included in Form 990, Part X
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	edule D (Form 990) 2015							Page Z
Par	<b>t III</b> Organizations Maintaining (continued)	Collections of A	Art, Histori	cal	Treasu	res, or (	Other Similar A	ssets
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other re	cords, check a	ny c	of the follo	wing that	are a significant us	e of its
а	Public exhibition		d [	Lo	an or exch	nange prog	jrams	
b	Scholarly research		e	Οt	her			
c	Preservation for future generations							
4	Provide a description of the organization Part XIII	's collections and ex	plain how they	/ furt	her the or	ganızatıoı	n's exempt purpose	: In
5	During the year, did the organization soli	cit or receive donati	ons of art, his	toric	al treasur	es or othe	rsımılar	
_	assets to be sold to raise funds rather th	an to be maintained						s No
Pai	rt IV Escrow and Custodial Arra Complete if the organization Part X, line 21.	ingements. answered "Yes" o	n Form 990,	Par	t IV, lıne	9, or re	ported an amour	nt on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	stodian or other inte	rmediary for c	ontri	butions or	other ass	ets not	s No
ь	If "Yes," explain the arrangement in P	art VIII and comple	te the followin	a tah	مام		Am	
c	Beginning balance	art XIII and comple	te the followin	y tar	ЛС	10		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount of	ın Form 990, Part X,	line 21, for es	crov	v or custo			 s
	J	, ,	,				,   16	5   110
b	If "Yes," explain the arrangement in Part	XIII Check here if	the explanation	n ha	s been pr	ovided in	Part XIII	
Pa	rt V Endowment Funds. Comple	te if the organiza	tion answere	ed "\	Yes" to F	orm 990	, Part IV, line 10	
		(a)Current year	(b)Pnor year		<b>b (c)</b> Two y		(d)Three years back	(e)Four years back
<b>1</b> a	Beginning of year balance	1,496,935	1,515	-		1,522,266	1,541,905	1,540,084
b	Contributions	9,086	14	,308		20,436	10,728	24,039
c	Net investment earnings, gains, and losses	5,335	5	,293		9,581	9,318	14,001
d	Grants or scholarships							
e	Other expenditures for facilities and programs	34,946	38	,308		36,641	39,685	36,219
f	Administrative expenses							
g	End of year balance	1,476,410	1,496	,935		1,515,642	1,522,266	1,541,905
_								
2	Provide the estimated percentage of the	•	lance (line 1g,	colu	ımn (a)) h	eld as		
а	Board designated or quasi-endowment <b>&gt;</b>							
b	Permanent endowment ▶							
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%						
<b>3</b> a	Are there endowment funds not in the poorganization by	ssession of the orga	nization that a	re h	eld and ad	lmınıstere	d for the	Yes No
	(i) unrelated organizations							a(i) No
	(ii) related organizations						<u> </u>	n(ii) No
ь 4	If "Yes" on 3a(II), are the related organize Describe in Part XIII the intended uses				R?			3b
	rt VI Land, Buildings, and Equip	-	endowment	ilius				
Г	Complete if the organization		Form 990, P	art	IV, line 1	11a.See	Form 990, Part >	(, line 10.
	Description of property			(a) other	basis Cos	(b) t or other ba (other)	Accumulated	(d)Book value
<b>1</b> a	Land					324,8	12	324,812
b	Buildings					759,1	.49 281,4	99 477,650
c	Leasehold improvements							
d	Equipment					30,1	.48 28,9	90 1,158

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

803,620

Part VII Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the org	anızatıon answered 'Ye	es' on Form 990, Part IV, line 11b.
(a) Description of security or categ (including name of security)	ory	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests (3)O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12			
Part VIII Investments—Program Related Complete if the organization answe	red 'Yes' on Form 9	90, Part IV, line 11c. <sub>S</sub>	ee Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Cost of end-of-year market value
Part IX Other Assets. Complete if the organization		n Form 990. Part IV. line	
	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In	ne 15 )		•
Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	organization answer	ed 'Yes' on Form 990,	Part IV, line 11e or 11f.
1. (a) Description of liability	(b) Book val	ue	
Federal income taxes			
PAYROLL LIABILITIES	4	,011	
TATRO EL EIABIETTES	7	,011	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>•</b> 4	,011	
2. Liability for uncertain tax positions In Part XIII, proorganization's liability for uncertain tax positions unde			
XIII		and the text of the	

1

2

d

3

Schedule D (Form 990) 2015

320,767

332

320,435

#### Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIII ) . . . . . . 4b Add lines **4a** and **4b** . . . . . . . . . . . 4c Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) . . . . . . 320,435 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 272,465 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities . 2a Prior year adjustments . . 2b Other losses . . . 2c Other (Describe in Part XIII ) . . . 2d Add lines 2a through 2d . 2e 3 272,465 3 Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . а b Other (Describe in Part XIII ) . . . . . . . . . .

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

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

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

2a

2b

2c

2d

332

2e

3

4c

Total revenue, gains, and other support per audited financial statements . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

Part XIII

information

**Supplemental Information** 

Recoveries of prior year grants . . . .

272,465

Schedule D (Form 990) 2015	Page <b>5</b>					
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

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DLN: 93493084002167

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

organization entered more than \$15,000 on Form 990-EZ, line 6a
Attach to Form 990 or Form 990-EZ
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

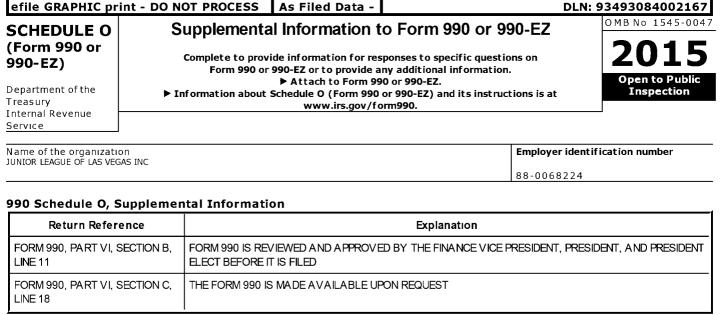
2015

Open to Public Inspection

ame of the organization JNIOR LEAGUE OF LAS VEGAS INC					Employer identification number			
							88-0068224	
Pai	_	<b>ctivities.</b> Comple ers are not requir		_	ation answered "Yes" :his part.	on Form	n 990, Part IV	/, line 17.
	Indicate whether the orga	anızatıon raısed fun	ds throug	h any of tl	he following activities C	heck all tl	hat apply	
а	Mail solicitations				e Solicitation of n	on-goverr	nment grants	
b	Internet and email se	olicitations			f Solicitation of g	overnmen	t grants	
c	Phone solicitations g Special fundraising even					ing event	S	
d	☐ In-person solicitatio	ns						
la.	Did the organization have or key employees listed is services?							es No
b	If "Yes," list the ten high to be compensated at le				aisers) pursuant to agree	ements un	der which the f	undraiser is
or entity (fundraiser)			fundrai cust con contrib	Did ser have ody or trol of putions?	from activity	(or re fundrai	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
otal	l			•				
	ist all states in which the egistration or licensing	organization is regi	stered or	licensed	to solicit contributions (	or has bee	n notified it is e	exempt from

chedule G	(Form 990 or 990-EZ) 2015				Pag			
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.							
		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events			

			(a)Event #1  GALA	<b>(b)</b> Event #2	(c)O ther events	(d) Total events (add col (a) through			
			(event type)	(event type)	(total number)	col <b>(c)</b> )			
me									
Revenue	1	Gross receipts	355,981			355,981			
	l	Less Contributions							
	3	Gross income (line 1 minus line 2)	355,981			355,981			
	4	Cash prizes							
	5	Noncash prizes							
တွ	6	Rent/facility costs							
euse	7	Food and beverages							
Direct Expenses	8	Entertainment							
ţ	9	Other direct expenses	199,506			199,506			
ā	10	Direct expense summary Add lines	4 through 9 in column (d	)		199,506			
	11	Net income summary Subtract line 1	LO from line 3, column (c	1)		156,475			
Pai	t I	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on			
Revenue			(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))			
æ	1	Gross revenue							
es	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct ID	4	Rent/facility costs							
ã	_	Other direct evpenses							
	5	Other direct expenses							
	6	Volunteer labor	No	∏ No	∏ No				
	7	Direct expense summary Add lines	2 through 5 in column (c	1)					
	8	Net gaming income summary Subtra	act line 7 from line 1, col	lumn (d)					
		ntor the atata/a) in which the arganiza	tion conducts soming a	atuut aa					
9 a		nter the state(s) in which the organiza s the organization licensed to conduct				Yes			
ь	Ιf	f "No," explain							
L0a	W	/ere any of the organization's gaming l				Yes No			
<b>b</b> If "Yes," explain									
		· · · · · · · · · · · · · · · · · · ·							



990 Schedule O, Supplemental Information

Return Reference Explanation

THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

FORM 990. PART VI. SECTION C. LINE 19