# EXTENDED TO APRIL 18, 2016

Form **990** 

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	ne 2014 calendar year, or tax year beginning $$ JUN $1$ , $$ $$ $$ $$ $$ 2 $$ $$ 0 $$ 1 $$ $$ and endir	ng MAY	31, 2015			
В	Check i applica	C Name of organization	D	Employer identifi	cation number		
	Add char Nam	THE JUNIOR LEAGUE OF MASHVILLE, INC.		60.0	476015		
F	]char ─∏Initia	ge Doing business as	. / /		476815		
	retur Fina retur	n/ Number and street (of P.O. box if final is not delivered to street address)  Room  ROAD	n/suite E	E Telephone number 615-269-9393			
	term ated		G	Gross receipts \$	2,038,976.		
Ļ	retur		H(a	a) Is this a group re			
L	tion pend	F Name and address of principal officer. O DIVITE BIT 112 DI	ļ.,,	for subordinates			
		SAME AS C ABOVE		Are all subordinates in			
		xempt status: X 501(c)(3) 501(c)( )	527	Group exemptio	list. (see instructions)		
					A State of legal domicile: TN		
	art I		L Teal Of to	mation. 1322 F	of State of legal dominione, 224		
	1	Briefly describe the organization's mission or most significant activities: THE JUN	IOR L	EAGUE OF I	NASHVILLE		
çe	•	IS AN ORGANIZATION OF WOMEN COMMITTED TO PRO	MOTIN	G VOLUNTA	RISM,		
Governance	2	Check this box  if the organization discontinued its operations or disposed of					
Ver	3	Number of voting members of the governing body (Part VI, line 1a)			13		
		Number of independent voting members of the governing body (Part VI, line 1b)			13		
•ජ ග		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			3		
itie	6	Total number of volunteers (estimate if necessary)			1700		
Activities	7 2	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
ĕ	ŀ	Net unrelated business taxable income from Form 990-T, line 34			0.		
-				Prior Year	Current Year		
_	8	Contributions and grants (Part VIII, line 1h)		507,549.	515,006.		
Revenue	9	Program service revenue (Part VIII, line 2g)	1	0.	0.		
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		572,186.	747,506.		
Ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-12,338.	-35,407.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,067,397.	1,227,105.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·	92,085.	52,729.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		121,719.	152,435.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
per	. b	Total fundraising expenses (Part IX, column (D), line 25)					
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		379,358.	429,029.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		593,162.	634,193.		
	19			474,235.	592,912.		
20,0	3		Beginni	ng of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)	16	,531,333.	16,436,042.		
Assets or	21	Total liabilities (Part X, line 26)	1	,127,918.	820,631.		
Net	22	Net assets or fund balances. Subtract line 21 from line 20	. 15	,403,415.	15,615,411.		
Pa	art II	Signature Block					
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, a	and to the best of my	knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pro	eparer has a	ıny knowledge.			
Sig	n	Signature of officer		Date			
Her	·e	JENNIFER HILL, PRESIDENT					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date		X PTIN		
Paid	i	SARA G. MOON Have W. Moon, Co.	A 2.	10-16 self-employ			
Pre	parer	Firm's name ► FRASIER, DEAN & HOWARD, PLLC		Firm's EIN ▶	62-1073578		
Use Only Firm's address ▶ 3310 WEST END AVE STE 550							
		NASHVILLE, TN 37203		Phone no. 61	5-383-6592		
May	/ the	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		•	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		3,7	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 22
α	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			
		14b		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	••		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			200	

Form 990 (2014)
Part IV Che

rt IV Checklist of Required Schedules	(continued)
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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		47
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1.		х
	If "Yes," complete Schedule N, Part I	31		Α
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		х
00	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33		33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 21
34		34		Х
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
50	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
<b>J.</b>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	(001.4)

Form 990 (2014) THE JUNIOR LEAGUE OF NASHVILLE, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	1a 27	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (	)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	o	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<b>,</b>	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	
	, , , , , , , , , , , , , , , , , , , ,		7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			37
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	<b></b>	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		9a		
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:		36		
10	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1.		
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against		7		
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
	Principle of the state of the s		14a	<b> </b>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O	14b		
			Γ	. aan	/004 A

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2	\$\$4500 HB60	X
^				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		Х
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Δ.
7a			.,	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	7		
Ŭ	in Schedule O how this was done	12c	х	
13		13	X	
14		14	X	
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	1-4		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15-	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
Ø	Other officers or key employees of the organization	15b	47	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		X
	taxable entity during the year?	16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	allable		
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	AMY SMOTHERMAN - 615-269-9393			
	2202 CRESTMOOR RD., NASHVILLE, TN 37215			

Page 7

**Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(C)						(D)	(E)	(F)	
Name and Title	Average	Position (do not check more that					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person i				n an	compensation	compensation	amount of
	week		officer and a director/			r/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or di	8			ated		organization	(W-2/1099-MISC)	from the
	related	I trustee or o	trust		8	suadı		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	ional		ploy	t con				organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizations
(1) TARYN ANDERSON	8.00									_
VP FINANCE		X		X				0.	0.	0.
(2) JENNY BARKER	8.00									
VP COMMUNICATIONS		X		Х				0.	0.	0.
(3) KRYSTAL CLARK	8.00									
VP MEMBERSHIP		X		Х		_		0.	0.	0.
(4) LAURA CREEKMORE	25.00							_		
PRESIDENT		X		X			<u> </u>	0.	0.	0.
(5) TIFFANY DAVIS	8.00									•
HOME BOARD CHAIR		Х		Х			<u> </u>	0.	0.	0.
(6) HADLEY DOOLITTLE	8.00									
STRATEGIC PLANNING CHAIR		Х		Х		ļ		0.	0.	0.
(7) CAITLIN FRANKLIN	10.00							_		_
VP COMMUNITY		Х		X			<u> </u>	0.	0.	0.
(8) JENNIFER HILL	15.00									•
PRESIDENT ELECT	1000	Х		X		ļ		0.	0.	0.
(9) ANNA MORAN	10.00								_	0
VP DEVELOPMENT	10.00	Х		X				0.	0.	0.
(10) AMY PITTS RECORDING SECRETARY	12.00	х		х				0.	0.	0.
(11) JADE TANUMIJAYA	8.00	<u> </u>		Λ			-	<b>U</b> •	U •	V •
VP TRAINING	8.00	х		х				0.	0.	0.
(12) PATTI SMALLWOOD	6.00	<u> </u>	-			_	$\vdash$	0.	0.	
SUSTAINER REP	0.00	Х		х				0.	0.	0.
(13) CAROLINE WEST	8.00	<u> </u>				-			· ·	
NOMINATING CHAIR	0.00	х		х				0.	0.	0.
(14) AMY SMOTHERMAN	45.00							•		
MANAGING DIRECTOR				$\mathbf{x}$				67,685.	0.	9,818.

Form 990 (2014)

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)			
(A)									(E)		(F)	
Name and title	Average	ge Position			(do not check more than one			one	Reportable	Reportable		Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	- 1	amount of	
	week		cer ar	dad	recto	rrirus	Tee)	from	from related		other 	
	(list any hours for	recto						the	organization		compensation	
	related	or di	88			ated		organization (W-2/1099-MISC)	(W-2/1099-MIS	ا (عد	from the	
	organizations	ustee	trust		8	Den		(00-2/1099-101150)			organization and related	
	below	ual tr	tionat		ploy	yee					organizations	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
									4			
		_	<del> </del>			-	-					
							<u> </u>					
											AL	
							_					
41.01.111	<u></u>					_		67,685.		0.	9,818.	
1b Sub-total					\.			0.		0.	0.	
c Total from continuation sheets to Part VI					/.			67,685.		0.	9,818	
d Total (add lines 1b and 1c)		ose	liste	d ab	ove	) wh	no re		000 of reportable			
compensation from the organization			-								Yes No	
3 Did the organization list any former officer,	director or tru	into	·	von	anla		orl	highoet componented or	mployee on	1	1.00 1.00	
											3 X	
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the so								or componention from t		••••	3	
											4 X	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>	o,ooo, if "Yes,	CO.	mpie on fr	ere c	ocne	aur	eleta eleta	or such individual	hual for earlicae	•••••	4 1	
									dual for services		5 X	
rendered to the organization? If "Yes " con Section B. Independent Contractors	iniere Scheanle	<i>t U I</i> (	yr SL	iCH (	Jers	U(I					· · · · · · · · · · · ·	
1 Complete this table for your five highest co										ensa	tion from	
the organization. Report compensation for	tne calendar ye	ear e	ndir	ig w	ith C	or WI	ıcnın		ear.		(C)	
(A) Name and business	address	NC	ONE	3		·		( <b>B</b> ) Description of s	ervices	С	Compensation	
			<del></del>									
2 Total number of independent contractors (i		ot lin	nited	to t	_		sted	above) who received me	ore than			
\$100,000 of compensation from the organi	zation 🕨				(	)					E 000 (0014	

Form 990 (2014) THE JUN
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
5 3	b	Membership dues	1b	264,573.				
حق ق		Fundraising events		105,427.	1			
£, A	ا ا	Related organizations						
<u> </u>	u							
S.E	е	Government grants (contributi						
ž či	f	All other contributions, gifts, grant	is, and				4	
t pg		similar amounts not included abov	/e <b>1f</b>	145,006.				
<u> </u>	g	Noncash contributions included in lines 1	ta-1f: \$	20,196.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			515,006.	4		
				Business Code				
4	2 a							
iče	2 4						,	
er ne	b							
n S	С							
ev an	d							
Program Service Revenue	е							
4	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f						
-	3	Investment income (including						
		other similar amounts)			215,592.			215,592.
	4	Income from investment of tax						
						7		
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
	b	Less: rental expenses			1			
	C	Rental income or (loss)						
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
	•	assets other than inventory	1,242,655					
	h	Less: cost or other basis	, , ,					
	, D		710,741					
		and sales expenses	531,914					
		Gain or (loss)			521 014			E21 014
		Net gain or (loss)		··· <u>····</u>	531,914.			531,914.
ø	8 a	Gross income from fundraising	events (not					
5		including \$105,	427. of					
e e		contributions reported on line	1c). See					
ď		Part IV, line 18		a 65,723.				
Other Revenu	b	Less: direct expenses		b 101,130.				
ŏ		Net income or (loss) from fund		·	-35,407.			
		Gross income from gaming ac			,			
	9 a			_				
		Part IV, line 19		a				
		Less: direct expenses		b [				
		Net income or (loss) from gami		<u>,</u>				
	10 a	Gross sales of inventory, less r	eturns					
		and allowances		а				
	b	Less: cost of goods sold		b				
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	44 -			Dusiness Code				
	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d						<u>                                     </u>
		Total revenue. See instructions.			1,227,105.	0.	0.	747,506.

	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe		mplete column (A).	
	Check if Schedule O contains a response of include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	se or note to any line in t (A) Total expenses	this Part IX (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			Ŭ.	
	and domestic governments. See Part IV, line 21	52,729.	52,729.		
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			4	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	68,955.	48,269.		20,686.
•	trustees, and key employees	00,933.	40,209.		20,000:
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				•
	1 11 11 11 11 10 10 10 10 10 10 10 10 10		·		
7	Other salaries and wages	59,394.	41,576.		17,818.
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)	1,988.	1,392.		596.
9	Other employee benefits	12,218.	8,552.		596. 3,666.
10	Payroll taxes	9,880.	6,916.		2,964.
11	Fees for services (non-employees):				
	Management				
b	Legal	5,118.	5,118.		
С	Accounting	15,275.	15,275.		
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 Sch 0.)	156.	156.		
12	Advertising and promotion				
13	Office expenses	103,149.	103,149.		
14	Information technology	15,243.	15,243.		
15	Royalties	50 667	FO 667		
16	Occupancy	50,667.	50,667.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Payments to affiliates		***************************************		
21 22	Depreciation, depletion, and amortization	57,322.	53,883.		3,439.
23	Insurance	25,853.	25,853.		
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 0.)				
а	ASSOCIATION DUES	67,501.	67,501.		
b	TRAINING AND EDUCATION	47,412.	47,412.		
С	MISCELLANEOUS	21,300.	21,300.		
d	EVENT COSTS	20,033.	19,937.		96.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	634,193.	584,928.	0.	49,265.
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)		***************************************		5 000 (004.1)

Part X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part X		<u>,</u>
		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing		1 312,328.
2	Savings and temporary cash investments	663,966.	2 691,283.
3	Pledges and grants receivable, net		3
4	Accounts receivable, net	4 5 6 6	4 350.
5	Loans and other receivables from current and former officers, directors,		
"	trustees, key employees, and highest compensated employees. Complete		
			5
6	Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under		
"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
	employers and sponsoring organizations of section 501(c)(9) voluntary		100
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
Assets	Notes and loans receivable, net		7
ASS 7	Inventories for sale or use		8
8 9			9
	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other	20,000	
loa	basis. Complete Part VI of Schedule D 10a 1,843,163.		
	Less: accumulated depreciation 10b 1,252,172.		loc 590,991
11	Investments - publicly traded securities		11 12,638,393
12	Investments - other securities. See Part IV, line 11		12 1,201,717
13	Investments - program-related. See Part IV, line 11		13
14	Intangible assets		14
15	Other assets. See Part IV, line 11		1,000,980
16	Total assets. Add lines 1 through 15 (must equal line 34)		16 16,436,042
17	Accounts payable and accrued expenses	2,691.	17 2,512.
18	Grants payable		18 596,022
19	Deferred revenue	233,184.	19 222,097
20	Tax-exempt bond liabilities		20
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
20	Loans and other payables to current and former officers, directors, trustees,		
ţį	key employees, highest compensated employees, and disqualified persons.		
Liabilities	Complete Part II of Schedule		22
23 اتــٰ	Secured mortgages and notes payable to unrelated third parties		23
24	Unsecured notes and loans payable to unrelated third parties		24
25	Other liabilities (including federal income tax, payables to related third		
	parties, and other liabilities not included on lines 17-24). Complete Part X of		
	Schedule D		25
26	Total liabilities. Add lines 17 through 25	1,127,918.	<u>26 820,631</u>
	Organizations that follow SFAS 117 (ASC 958), check here X and		
<sub>ω</sub>	complete lines 27 through 29, and lines 33 and 34.		
ပ္ဗိ 27	Unrestricted net assets		4,727,354
<u>명</u> 28	Temporarily restricted net assets		28 9,887,077
<u>m</u> 29	Permanently restricted net assets	994,920.	29 1,000,980
<u>,</u>	Organizations that do not follow SFAS 117 (ASC 958), check here		
ᡖ	and complete lines 30 through 34.		
য়   30	Capital stock or trust principal, or current funds		30
SS 31	Paid-in or capital surplus, or land, building, or equipment fund		31
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds		32
ž   33	Total net assets or fund balances		33 15,615,411
34	Total liabilities and net assets/fund balances	16,531,333.	34   16,436,042

Form 990 (2014)

Form	1990 (2014) THE CONTOR DEAGOE OF MADITY EDIES, TICE	<u> </u>	04/0013	Га	ge -
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,22		
2	Total expenses (must equal Part IX, column (A), line 25)	2	634	<u>4,1</u>	93.
3	Revenue less expenses. Subtract line 2 from line 1	3			12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,40		
5	Net unrealized gains (losses) on investments	5	-380	<u>0,9</u>	<u> 16.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	84			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15,61	5,4	<u>11.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	, , , , , , , , , , , , , , , , , , , ,		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			77	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			77	
	review, or compilation of its financial statements and selection of an independent accountant?		CCC 7000 CC 70	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jie Aud			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audi			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		I

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public

Inspection

Name of the organization

Employer identification number

	THE	JUNIOR LEA	GUE OF NASHV	ILLE,	INC.		6	2-0476815
Part I	Reason for Public	Charity Status (	All organizations must o	omplete th	is part.) Se	e instructions		
The organ	ization is not a private found							
1			=	-		1)(A)(i).		
2	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
=								
3 📙	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
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:			<del></del>	<del> </del>			
5	An organization operated f	or the benefit of a col	lege or university owne	d or operat	ed by a go	vernmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv). (	Complete Part II.)						
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	ally receives a substa	ntial part of its support	rom a gove	ernmental	unit or from th	e general p	oublic described in
	section 170(b)(1)(A)(vi). (C	complete Part II.)						
8	A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Pa	rt II.)				
9 X	An organization that norma	ıllv receives: (1) more	than 33 1/3% of its sur	port from	ontributio	ns, membersh	io fees. an	d aross receipts from
	activities related to its exer	• • • • • • • • • • • • • • • • • • • •	•				•	•
	income and unrelated busi							
	See section 509(a)(2). (Co		(iooo coolion o i i taxy ii		Jood doga.	roardy and ong	ui iizatioi i a	artor dario do, roro.
10	An organization organized		volu to toot for public of	foty Coo	acotion E	20/0//4)		
10		•					on and the	numacos of one or
11	An organization organized						-	
	more publicly supported or	-						check the box in
	lines 11a through 11d that				•		-	
a	Type I. A supporting orga				_			
	the supported organization			a majority c	of the direc	tors or trustee	s of the su	pporting
	organization. You must o							
b	Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organization	n(s), by hav	ring
	control or management of	of the supporting orga	nization vested in the s	ame perso	ns that co	ntrol or manag	e the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	d with,
	its supported organizatio	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.		
d _	Type III non-functionally	integrated. A supp	orting organization ope	rated in co	nnection w	ith its support	ed organiz	zation(s)
	that is not functionally int							
	requirement (see instruct		• •	•		•		
е	Check this box if the orga		•	-			I Type III	
<u> </u>	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , po	
f Ente		- 1	ally integrated support	ng organiz	ation.			
	r the number of supported o		d evenimetion(s)					
g P10\ (	ide the following information  ) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetary	(vi) Amount of
,	organization	(,	(described on lines 1-9	listed i	n your	support	- 1	other support (see
			above or IRC section	<del></del>	document?	Instructi	`	Instructions)
			(see instructions))	Yes	No			
	*							
			· · · · · · · · · · · · · · · · · · ·					
	<u>, e. ,</u>							
				1				Ť.

# 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge				4		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
٠	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,				<b>\</b>		
6	***************************************			- T			
	Public support. Subtract line 5 from line 4.	<u> </u>					
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(a) 2010	(b) 2011	(0) 2012	(4) 2010	(0) 2.0	
	Gross income from interest,						
8	•						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources	<b></b>		<del>/</del>			
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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for						
200	organization, check this box and storetion C. Computation of Publi	C Support Per	centage				
		<del></del>		al (6)		14	%
	Public support percentage for 2014 (					15	
	Public support percentage from 2013						
16a	33 1/3% support test - 2014. If the c						
	stop here. The organization qualifies					armara abadi thia	
b	33 1/3% support test - 2013. If the c						<b>►</b> 1 1
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						<b>►</b> [
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						J% or
	more, and if the organization meets the						,
	organization meets the "facts-and-circ						<b>&gt;</b>
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<b>&gt;</b>

(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

Sec	qualify under the tests listed bearing A. Public Support	elow, please comp	ilete Part II.)				<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2011	(0) 2012	(4) 2010	(0)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
'	membership fees received. (Do not						
	include any "unusual grants.")	492 242	484,597.	519,122.	507,549.	515,006.	2518516.
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	230,222					
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-				4		
	iness under section 513	192,705.	190,419.	69,228.	69,707.	65,723.	587,782.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge		:				
6	Total. Add lines 1 through 5	684,947.	675,016.	588,350.	577,256.	580,729.	3106298.
	Amounts included on lines 1, 2, and	002,52.0					
, ,	3 received from disqualified persons	11,738.	12,510.	7,115	8,938.	7,066.	47,367.
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	,					0.
	amount on line 13 for the year	11,738.	12,510.	7,115.	8,938.	7,066.	47,367.
	Add lines 7a and 7b	11,730.	TZ, SIU.	/,110•	0,330.	7,000.	3058931.
	Public support (Subtract line 7c from line 6.) etion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 🛚	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	684,947.	675,016.	588,350.	577,256.	580,729.	3106298.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	194,688.	202,712.	189,505.	315,045.	215,592.	1117542.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	<b>6</b>					
	Add lines 10a and 10b	194,688.	202,712.	189,505.	315,045.	215,592.	1117542.
	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.)						1000010
	Total support. (Add lines 9, 10c, 11, and 12.)		877,728.				
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3) organiza	ition,
	check this box and stop here						<u></u> ▶∟⊥
Sec	ction C. Computation of Publi	c Support Per	centage			T	
15	Public support percentage for 2014 (li	ine 8, column (f) di	vided by line 13, co	olumn (f))		15	72.42 %
16						16	74.63 %
Sec	ction D. Computation of Inves						06 46
17	Investment income percentage for 20	14 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	26.46 %
18	Investment income percentage from					18	24.24 %
19a	33 1/3% support tests - 2014. If the						7 is not
	more than 33 1/3%, check this box ar						<u>X</u>
b	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	<u>is box and see ins</u>	tructions	<b></b>

Van No

## 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 and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 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 Part VI.
- 10a 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 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.)

	1	
	2	
	3a	
>		
	3b	
	3c	
	4a	
	4b	
	4c	
	_	
	5a	
	5b	
	5b 5c	
	5b	
	5b 5c 6	
	5b 5c 6	
	5b 5c 6 7 8	
	5b 5c 6 7 8 9a	
	5b 5c 6 7 8 9a 9b	
	5b 5c 6 7 8 9a	

	/ data / , (1 am 1 a a a a a a a a a a a a a a a a a	17681	5 Pa	age <b>5</b>
Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
		[ [ ]	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			2355505
	below, the governing body of a supported organization?	11a		<del> </del>
b	A family member of a person described in (a) above?	11b		<del> </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	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			<b>-</b>
	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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V	N1-
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. Type III Supporting Organizations	1 1		
Sec	tion b. Type in Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
1	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	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	,	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			<b></b>
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		1635030340
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.	3b		L

Sche	edule A (Form 990 or 990-EZ) 2014 THE JUNIOR LEAGUE OF NA	SHVII		62-0476815 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970. See instr	ructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			and the second second
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other		<b>A</b>	
	factors (explain in detail in Part VI):			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional instructions).	ly-integra	ted Type III supporting org	anization (see

	dule A (Form 990 or 990-EZ) 2014 THE JUNIOR LE. TV Type III Non-Functionally Integrated 509(	AGUE OF NASHVII a)(3) Supporting Orga		2-0476815 Page 7
ect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		***************************************	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	TA WALLEY WILLIAM TO THE TOTAL TO THE TANK THE T		
8	Distributions to attentive supported organizations to which the	e organization is responsive	4	
•	(provide details in Part VI). See instructions.	o organization to teep enter		
9	Distributable amount for 2014 from Section C, line 6	**************************************		
10	Line 8 amount divided by Line 9 amount			
	Elifo o allicant divided by Elifo o allicant	(i)	(ii)	(iii)
ecti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
1	Distributable amount for 2014 from Section C, line 6		Pre-2014	Amount for 2014
	Underdistributions, if any, for years prior to 2014			
~	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
	Excess distributions can your, if any, to 2011.			
<u>a</u> b				
C C		- 1/		
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
:	Carryover from 2009 not applied (see instructions)			
<u>.</u>				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2014 from Section D.			
4				A CONTROL OF THE PROPERTY OF T
	line 7: \$	•		
	Applied to underdistributions of prior years  Applied to 2014 distributable amount			
	Applied to 2014 distributable amount  Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2014, if			
5				
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).  Remaining underdistributions for 2014. Subtract lines 3h			
6				
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:		100	
<u>a</u>				
b				
<u> </u>	F 6 0010			
d	Excess from 2013			

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 THE JUNIOR LEAGUE OF NASHVILLE, INC.	62-0476815 Page
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17	a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	- Harrison
	4
	7

# **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE JUNIOR LEAGUE OF NASHVILLE, INC.

Employer identification number 62-0476815

Pai	t I Organizations Maintaining Donor Advised	I Funds or Other Similar Funds or	Accounts. Complete if the
***************************************	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		4
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised f	unds
Ū	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ac		
Ū	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai			IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		ally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
h			
	Number of conservation easements on a certified historic stru		·
d	Number of conservation easements included in (c) acquired at		
u	listed in the National Register	_	2d
3	Number of conservation easements modified, transferred, rele		•
Ū	year >	garanta, an tanamata a, and a	<b>3</b>
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservatio		
•	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	r Similar Assets.
100000000000000000000000000000000000000	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (ASC		balance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	,	
	(i) Revenue included in Form 990, Part VIII, line 1		• \$
	••		<b>.</b> .
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 11		•
а	-	o ( lee dee) relating to those name.	• \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$

		IOR LEAGUE						5 Page <b>2</b>
	rt III   Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	following tha	it are a si	gnificant use of it	s collection	items
	(check all that apply):		<b>┌</b> づ.					
а	Public exhibition	d						
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co						art XIII.	
5	During the year, did the organization solicit o		•		er similar	assets		<del></del>
	to be sold to raise funds rather than to be ma						Yes	No
Pai	t IV Escrow and Custodial Arran		te if the organizatio	n answered	"Yes" to	Form 990, Part I	V, line 9, or	
	reported an amount on Form 990, Par					4		
1a	Is the organization an agent, trustee, custodi						<del></del> 1	<del></del>
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amoun	
С	Beginning balance				,	. 1c		
đ	Additions during the year	•••••				1d		
е	Distributions during the year	•••••				1e		
f	Ending balance							
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	istodial acco	unt liabil	ity?	Yes	L No
b	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete	f the organization ans	swered "Yes" to For	m 990, Part	IV, line 1	0.	···	- · · · · · · · · · · · · · · · · · · ·
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years ba		years back
1a	Beginning of year balance	4,245,708.	3,788,912.	3,34	3,146.	3,670,91	3. 2,	530,646.
b	Contributions		30,150.	13	9,800.	127,99	5.	643,024.
	Net investment earnings, gains, and losses	39,663.	438,611.	72	0,966.	-330,76	2.	507,159.
d	Grants or scholarships		11,965.	41	5,000.	125,00	0.	
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							9,916.
g	End of year balance	4,285,371.	4,245,708.	3,78	8,912.	3,343,14	6. 3,	670,913.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment	%	_					
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.						
За	Are there endowment funds not in the posses		ion that are held an	nd administe	red for th	e organization		
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations							
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.					
Par	t VI Land, Buildings, and Equipm	ent.				·		
	Complete if the organization answered	d "Yes" to Form 990,	Part IV, line 11a. Se	ee Form 990	, Part X, I	ine 10.		
	Description of property	(a) Cost or ot		or other		ccumulated	(d) Bool	k value
		basis (investm	1		, , ,	oreciation	• •	
1a	Land		12	5,000.			125	5,000.
	Buildings			6,504.	{	396,700.		9,804.
	Leasehold improvements							
	Equipment							
-	Other		36	1 659		355 472		187.

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

590,991. Schedule D (Form 990) 2014

Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(8)(9)

#### 62-0476815 Page 4 THE JUNIOR LEAGUE OF NASHVILLE, INC. Schedule D (Form 990) 2014 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 947,319. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: -380,916. a Net unrealized gains (losses) on investments 2b Donated services and use of facilities \_\_\_\_\_ c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) -380,916. 2e e Add lines 2a through 2d 1,328,235. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) -101,130. c Add lines 4a and 4b ..... 1,227,105. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Fal	neconclination of Expenses per Addited Financial Statements with Expenses per i	lotari	4.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	735,323.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	]	
С	Other losses 2c		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	735,323.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а		]	
b	Other (Describe in Part XIII.)  4b -101, 130.		
С	Add lines 4a and 4b	4c	<u>-101,130.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	634,193.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE ORGANIZATION'S APPROACH TO THE BOARD DESIGNATED INVESTMENTS IS TO MAINTAIN THE ACCUMULATED BALANCES AND PROTECT THE PRINCIPAL INVESTED. THE LEAGUE HAS IMPOSED A RESTRICTION ON THE ENDOWMENT FUND THAT NOTHING MAY BE SPENT UNTIL THE VALUE OF THE ENDOWMENT EXCEEDS \$1 MILLION.

THE LEAGUE'S INTENTION WITH REGARD TO THE PERMANENT ENDOWMENTS IS TO MAINTAIN THE INITIAL GIFT IN PERPETUITY; INVESTMENT EARNINGS MAY BE USED TO SUPPLEMENT THE ANNUAL OPERATING BUDGET OF THE LEAGUE AT THE DIRECTION OF THE BOARD OF DIRECTORS, OR MAY BE USED TO PROVIDE STRATEGIC INVESTMENTS TO THE COMMUNITY THAT ALIGN WITH THE LEAGUE'S MISSION AND VISION.

# SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form.990">www.irs.gov/form.990</a>. Inspection

Employer identification number

THE JUNIO	OR LEAGUE OF NASH	<u> Утпрк,</u>	INC.	62-04/6	013
Part I Fundraising Activities. Correquired to complete this part.	omplete if the organization answe	ered "Yes" to	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
1 Indicate whether the organization raised	funds through any of the following	g activities.	Check all that apply.		
a Mail solicitations			overnment grants		
b Internet and email solicitations			nment grants	<b>A</b>	
		fundraising			
	g L Special	idildiaising (	events		
d In-person solicitations		<i></i>			
2 a Did the organization have a written or o					
key employees listed in Form 990, Part				Yes	
b If "Yes," list the ten highest paid individ		uant to agree	ments under which t	he fundraiser is to be	е
compensated at least \$5,000 by the org	janization.				
		Ι		( ) Amount poid	
(i) Name and address of individual		(iii) Did fundraiser have custody or control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have custody or control of	from activity	fundraiser	to (or retained by) organization
c. c, (c,		contributions?		Tisted in col. (i)	Organization
		Yes No			
				•	
		1 1			
		4			
	$\Delta$				
<u>Total</u>		<u> </u>		<u> </u>	L
3 List all states in which the organization is or licensing.	s registered or licensed to solicit	contributions	or has been notified	it is exempt from re	gistration
			A Constitution of the Cons		
			· · · · · · · · · · · · · · · · · · ·		

Fundraising Events. Complete if the organization answered "Yes" to 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) Event #2 (c) Other events (a) Event #1 (d) Total events NONE MUSIC CITY (add col. (a) through CLUB 22 MASQUERADE col. (c)) (total number) (event type) (event type) 20,597. 171,150. 1 Gross receipts ..... 150,553. 98,552. 6,875. 105,427. 2 Less: Contributions 65,723. 13,722. 52,001. 3 Gross income (line 1 minus line 2) ... 4 Cash prizes 5 Noncash prizes Direct Expenses 32,087. 6 Rent/facility costs 32,087. 26,737. 26,737. Food and beverages 2,803. 2,803. 8 Entertainment 34,382. 39,503. 9 Other direct expenses 101,130. 10 Direct expense summary. Add lines 4 through 9 in column (d) -35,407. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain: \_\_\_

Schedule G (Form 990 or 990 EZ) 2014 THE JUNIOR LEAGUE OF NASHVILLE, INC.

62-0476815 Page 2

Sch	nedule G (Form 990 or 990-EZ) 2014 THE JUNIOR LEAGUE OF NASHVILLE, INC. 62	-0476815	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
k	b An outside facility	13b	<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
<b>1</b> 5a	a 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:		
`	on rest, enter hame and address of the sing 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		
Ì	retain the state gaming license?	Yes	No
ŀ	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 > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I	I, lines 9, 9b, 10h	o, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
-			
			,,

Schedule G	G (Form 990 or 990-EZ)  Supplemental Info	THE JUNIOR LEA	AGUE OF	NASHVILLE,	INC.	62-0476815 Page 4
Part IV	Supplemental Info	ormation (continued)				
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SCHEDULE (Form 990) Department of the Treasury

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

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

▼ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Schedule I (Form 990) (2014) ² [ Employer identification number 62-0476815 PARTY (h) Purpose of grant PROGRAMS, EQUIPMENT, or assistance X Yes PARTNER GRANTS, PARTNER GRANTS HOLIDAY DECOR Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection VIDEO PRODUCTION (g) Description of non-cash assistance ENTERTAINMENT, MOVIE NIGHT, SQUIPMENT TOYS Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) 1,400, FMV 570. 。 (e) Amount of assistance non-cash 9 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 11,995, (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. OF NASHVILLE, (c) IRC section if applicable 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 62-1757018 | 501(C)(3) 62-0476822 501(C)(3) 62-0968273 501(C)(3) Enter total number of other organizations listed in the line 1 table THE JUNIOR LEAGUE General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 2200 CHILDREN'S WAY, SUITE 2410 VANDERBILT CHILDREN'S HOSPITAL 1704 CHARLOTTE AVE., #200 PRESTON TAYLOR MINISTRIES or government NASHVILLE, TN 37232 4014 INDIANA AVENUE NASHVILLE, TN 37209 TN 37203 Name of the organization Internal Revenue Service OASIS CENTER NASHVILLE, Part Part II

432101 10-15-14

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. THE JUNIOR LEAGUE OF NASHVILLE, Schedule I (Form 990) (2014)

Part III

Page 2

62-0476815

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) THE AGENCIES PERFORMANCE, FINANCIAL VIABILITY, AND USE OF THE JUNIOR LEAGUE Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. ENTITY MUST ALLOW A JUNIOR LEAGUE MEMBER TO ACT AS A LIAISON AND MONITOR THE LIAISONS OFTEN ATTEND BOARD MEETINGS AS A NON-VOTING MEMBER AS A PART OF RECEIVING FUNDS FROM THE JUNIOR LEAGUE OF NASHVILLE, (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 7 LINE PART I FUNDS. Part IV

Schedule I (Form 990) (2014)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE JUNIOR LEAGUE OF NASHVILLE, INC. Employer identification number 62-0476815

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPING THE POTENTIAL OF WOMEN AND IMPROVING THE COMMUNITY THROUGH
EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHARITABLE. THE JUNIOR LEAGUE OF NASHVILLE REACHES OUT TO WOMEN OF ALL
RACES, RELIGIONS, AND NATIONAL ORIGINS WHO DEMONSTRATE AN INTEREST IN
AND A COMMITMENT TO VOLUNTARISM.
FORM 990, PART VI, SECTION A, LINE 7A:
THE NOMINATING COMMITTEE OF THE BOARD PREPARES A SLATE BASED ON
QUALIFICATIONS OF CANDIDATES FOR UPCOMING BOARD POSITIONS. THE SLATE IS
PRESENTED TO THE ENTIRE MEMBERSHIP FOR VOTE.
FORM 990, PART VI, SECTION A, LINE 7B:
BYLAW CHANGES ARE VOTED ON BY ALL MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11:
A DRAFT COPY OF THE 990 IS EMAILED TO THE PRESIDENT, TREASURER AND
EXECUTIVE VICE PRESIDENT FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ANY CONFLICTS THAT ARISE ARE DISCUSSED AT THE MONTHLY EXECUTIVE COMMITTEE
MEETINGS AND DOCUMENTED. EACH CONFLICT THAT ARISES IS DEALT WITH ON A CASE
BY CASE BASIS.

Page	2

THE JUNIOR LEAGUE OF NASHVILLE, INC.	62-0476815
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS DETERMINED BY THE BOARD, HR COMMITTEE AND	MANAGING
DIRECTOR, AND IS BASED ON PERFORMANCE AND MARKET VALUE FOR	
FORM 990, PART VI, SECTION C, LINE 19:	1
ANNUAL FINANCIAL STATEMENTS CAN BE FOUND ON WWW.GIVINGMAT	ERS.COM.
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ON	LY MADE AVAILABLE
UPON REQUEST TO WOMEN WHO ACTIVELY PARTICIPATE IN THE ORGA	NIZATION'S
EFFORTS.	<u> </u>