## Form **990**

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	١ ١	or the 20	11 calen	dar year, or tax year beginning 7/01 , 2011, and ending	6/30	<u> </u>	2012	
E	3 (	heck if appli	ıcable	C	D	Employer Identif	ication Number	
		Address	change	JUNIOR LEAGUE OF SAN DIEGO, INC.	ľ	95-20905	569	
		Name ct	nanne	210 MAPLE STREET	E	Telephone numb	er	
		Initial re	-	SAN DIEGO, CA 92103		619-234-	-2253	
						013 231		
		Termina			٦		200	862.
		Amende				Gross receipts \$		
		Applicat	ion pending	1	_	oup return for affili ates included?	H · · ·	X No
_				SAME AS C ABOVE		ates included. In a list (see inst	ructions) Yes	∐ No
<u> 1</u>		Tax-exemp	ot status	X 501(c)(3) 501(c) ( )    (insert no.) 4947(a)(1) or 527		•		
J	l	Website	:► WW	W.JLSD.ORG	Group exem	nption number		
F	<u> </u>	Form of or	ganization	X Corporation Trust Association Other ► L Year of Formation	1929	M State of le	gal domicile CA	
Π	Pai		ummar					
Ľ	Ť	1 Brie		be the organization's mission or most significant activitiesJUNIOR_LEAG	IIE OF	SAN DIE	GO. INC.	TS
				AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING A				
	Governance			NTIAL OF WOMEN AND IMPROVING COMMUNITIES THROUGH				
	틸			IN TAIL OF WOMEN_AND_THE COVING COMMODITIES THROUGH IIP_OF_TRAINED_VOLUNTEERSILSD_REACHES_OUT_TO_W				<u> </u>
	ě		ck this bo					
	ဗိ			oting members of the governing body (Part VI, line 1a)	1011 25 70	3	3013	12
ത	Activities &			dependent voting members of the governing body (Part VI, line 1b)		4		12
2013	ĕ∣			r of individuals employed in calendar year 2011 (Part V, line 2a)		5		1
$\sim$	⋛	C Tota	al numbo	r of valuntaars (astimate if passessand		6		850
	₹	7a Tota	al unrelat	ed business revenue from Part VIII, column (C), (InE 12/ED)		7a		0.
<del></del>		<b>b</b> Net	unrelated	business taxable income from Form 990-T, line-34-1/L		7b		0.
NOC	一		10		Prio	r Year	Current Ye	ear
=		8 Con	tributions	s and grants (Part VIII, line 1h) vice revenue (Part VIII, line 2g)  MAY 2 1 2013		29,986.		,576.
	9			vice revenue (Part VIII, line 2g)		07,875.		,459.
$\overline{\mathbb{U}}$	Revenue		_	ncome (Part VIII, column (A), lines 3, 4, and VA)		6,924.		,580.
雾.	اڇَ	11 Oth	er reveni	ie (Part VIII, column (A), lines 5, 66, 8c, 9c, 10e, fartol 1 e)		81,741.		,671.
	_	12 Tota	al revenu	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,526.		,286.
SCANNED	一			similar amounts paid (Part IX, column (A), lines 1-3)				,
Ø				I to or for members (Part IX, column (A), line 4)				
			•			24 246	21	,204.
	စ္			er compensation, employee benefits (Part IX, column (A), lines 5-10)		24,246.		, 204.
	Expenses	<b>16a</b> Pro	fessional	fundraising fees (Part IX, column (A), line 11e) .			<del></del>	
	ğ	<b>b</b> Tota	al fundrai	sing expenses (Part IX, column (D), line 25) ► 56,054.		ş ~	<b>:</b> >>	
	۵ļ	17 Oth	er expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	2	266,394.	252	,228.
			-	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		290,640.		,432.
			•	s expenses Subtract line 18 from line 12		-64,114.		,146.
-	5 g	13 1164	citue les			f Current Year	End of Ye	
		<b>20</b> Tota	al accata	(Port V. line 16)		75,846.	1,069	
	t Assets Id Balan			es (Part X, line 16)		96, 959.		,137.
	Fund A			_ ` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
_				r fund balances. Subtract line 21 from line 20 .		978,887.	94/	<u>,920.</u>
Ĺ	<u>Pa</u>	rt II S	Signatu	re Block				
	Und	er penalties o	of perjury, I	declare that I have examined this return, including accompanying schedules and statements, and to the b parer (other than officer) is based on all information of which preparer has any knowledge	est of my k	nowledge and be	lief, it is true, correc	t, and
_	com	piete Deciar	ation of prep	parer former than officer) is based on all information of which preparer has any knowledge		<del>~ ~ hud</del>		
				Y wa ! Meyer	1	<u> </u>	2013	
	Sig	ın	Signat	ure of officer	Date	•		
1	Нĕ	re	LIS	A MEYER T	'REASU	RER		
			Type o	or print name and title				
-			Print/Type	preparer's name Byenarer's sygnature Date	Ch	eck X if	PTIN	_
1	Pai	.a	місна	EL J. ZIZZI WYCHOWY J. ZIZYK 5/10/13		If-employed	P00085553	
		eparer	Firm's nam	1777	136,	·		
		e Only	į.		<b>-</b>  ₋	= 0E	-2076568	
,		· · · · ·	Firm's add					
-			l	SAN DIEGO, CA 92108-3820	[Ph	ione no 619	.294.7200	٦
1	May	the IRS	discuss t	his return with the preparer shown above? (see instructions)			X Yes	No

TEEA0113L 08/18/11

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

BAA		TEEA0102L 07/05/11		Fo	rm <b>990</b> (2011)
	enses \$ I program service expenses >	including grants of \$ 177,586.	) (Revenue \$		)
	r program services. (Describe in				
				·	
				. – – – – –	
				·	
4c (Coc	e: (Expenses \$	including grants of	\$ ) (Revenue	\$	)
				·	
				. – – – – –	
				. <b></b> -	
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					. <b></b> _
			<b></b>	·	
				· <b></b>	
<b>4b</b> (Cod	e) (Expenses \$	including grants of	\$) (Revenue	\$	)
		<del></del>			
<del></del>		<del></del>			·
<del></del>					
<u>2FF</u>	SCHEDULE_O				. – – – – –
4a (Cod		177,586. including grants of			14,459.)
			<u> </u>		
Sect	ion 501(c)(3) and 501(c)(4) orga	nizations and section 4947(a)(1) trusts are the first and	e required to report the amount of	grants and a	illocations to
4 Desc	es,' describe these changes on S cribe the organization's program	service accomplishments for each of its	three largest program services as	measured by	expenses
		g, or make significant changes in how it	conducts, any program services?	Yes	X No
	es,' describe these new services				
	n 990 or 990-EZ?	ignificant program services during the ye		″ 🗍 Yes	X No
2 Did t	he organization undertake any s	ignificant program services during the ye	ar which were not listed on the prid		<u> </u>
	ly describe the organization's m SCHEDULE O				
		a response to any question in this Part I	<u> </u>		X
Partill	Statement of Program S	ervice Accomplishments			
Form 990		OF SAN DIEGO, INC.	95-2	090569	Page 2

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Х 1 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 3 Х **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 X 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 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D. Part I 6 Х 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 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, 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 Х 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 X 10 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х D, Part Vi 11 a **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 X 11 b c 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 Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D. Part X. Х 11 e 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 Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12a 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, XII, and XIII is optional 12b Х X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? 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 (see instructions) 17 Х 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 Х 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. Х 19 20 aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . 20 Х b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . 20 b

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Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 23 Х Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the tast day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25. Х 24a 24b 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 to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(cX3) and 501(cX4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a Х 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 25b Х Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II X 26 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 Х 27 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). X 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Х 280 29 Х 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 conservation contributions? If 'Yes,' complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X organization if Yes, complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI. 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

BAA

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011)

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
(	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	a 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 1			
١	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		_X
ı	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q .	3ь		
4:	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ı	of Yes,' enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
•	of Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
i	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
ı	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
(	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			1
(	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	L		
	a Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
	b Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		ļ
	Section 501(c)(7) organizations. Enter			}
	a Initiation fees and capital contributions included on Part VIII, line 12	l		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1		ļ
	Section 501(c)(12) organizations. Enter.		İ	1
	a Gross income from members or shareholders	1		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	100		ļ
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		├
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	a 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.	134		
ı	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			
	Enter the amount of reserves on hand	<u> </u>	<b> </b>	ļ
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		<u>L</u>

Form 990 (2011)

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 to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? . 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? SEE SCH O 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8a b Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director or 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a Did the organization have local chapters, branches, or affiliates? 10 a 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 Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE Q SEE SCHEDULE O 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy?. 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15 a b Other officers of key employees of the organization 15<sub>b</sub> Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► JUNIOR LEAGUE OF SAN DIEGO 210 MAPLE STREET SAN DIEGO CA 92103 619-234-2253 BAA

TEEA0106L 01/23/12

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

X Check this box if neither the organization	on nor any	relate	d or	gan	ızat	ion co	mpe	nsated any current of	ficer, director, or trus	tee
(A) Name and title	(B) Average hours per week	unles	s per	son is	ition ore the	ian one n an offi rustee)	box, cer	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ALISON JONES BUSHAN VICE PRESIDENT	15	Х		Х				0.	0.	0.
(2) ADINA VEEN		.,		v						
RECORD SEC  (3) KENDRA DECOSTE	5	X		Х	-		<u> </u>	0.	0.	0.
DIRECTOR	15	Х						0.	0.	0.
	15	x						0.	0.	0.
(5) RACHEL SCATIZZI DIRECTOR	15	х						0.	0.	0.
(6) ANDREA CALDWELL DIRECTOR	10	х						0.	0.	0.
(7) ERIN LEVENTHAL COORDINATOR	10	X						0.	0.	0.
(8) JENNIFER EDSTROM PRESIDENT ELECT	10	x						0.	0.	0.
(9) BARBARA KRAMER DIRECTOR	- 5	х						0.	0.	0.
(10) ALISON SULLIVAN PRESIDENT	15	х		x				0.	0.	0.
(11) LISA MEYER TREASURER	15	х		х				0.	0.	0.
(12) CHRISTINA CROSS CHAIRMAN	10	х						0.	0.	0.
(13)	-									
(14)	_									
	l	<u> </u>			<u> </u>	Щ_		<u> </u>		

Part VII   Section A. Officers, Directors, Trust	ees, k	€ey	Em	ıplo	ye	es, a	and	Highest Com	pensated Emp	loyees (cont)
(A) Name and title	(B) Average hours per	box,	unle: er an	Pos heck ss pe id a d	rson i irecto	than cost both	ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	per week (describ e hours for related organi- zations in Sch O)		Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
<u>(16)</u>								-		
(17)										
(18)										
(19)										-
(20)										
(21)										
(22)										
(23)										
(24)										
(25)									,	
1 b Sub-total	A	•			•		<b>A A</b>	0. 0.	0. 0.	<del></del>
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite from the organization ► 0	d to th	ose !	liste	d ab	ove	) who	o re	<u> </u>	L	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such its complete.  3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such its complete.	or trus ndıvıdu	stee, <i>ial</i>	key	em	ploy	ee, d	or h	ighest compensat	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual									from	4 X
5 Did any person fisted on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	omper comple	nsatio	on fi	rom dule	any <i>J f</i> c	unre or suc	elate ch p	ed organization or person_	individual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed ind	0000	ndan	t co	ntra	ctors	tha	at received more	than \$100,000 of	
compensation from the organization Report compe	nsatio	n for	the	cale	enda	r yea	ar e	nding with or with	nin the organization	
Name and business addres	s							Description	of services	(C) Compensation
					-					
	<u>-</u>									
2 Total number of independent contractors (including	but no	at lier	uted	l to t	hos	a liet	ed ·	above) who recom	ved more than	
\$100,000 in compensation from the organization		, III i	iii CU	י יט ו	11102	. 11 <b>5</b> l	.cu e	above, who recen	ved more triall	i

Par	t VIII   Statement of Revenue	<del></del> _			<del>-</del>
		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
5.0	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b	1			
R Š	c Fundraising events. 1c				
F A	d Related organizations 1d				
S, G	e Government grants (contributions) 1 e				
N S	f All other centributions gifts greats and	1			
돌뵘	f All other contributions, gifts, grants, and similar amounts not included above 1f 35, 576.				
E O	g Noncash contributions included in Ins 1a-1f: \$				
요절	h Total. Add lines 1a-1f .	35,576.			
핗	Business Code				
EN	2a MEMBERSHIP DUES & ASSESSMENTS	114,459.			114,459.
2	b				
5	c				
Ě	d				
Σ¥	e				
g g	f All other program service revenue				
꾩	g Total. Add lines 2a-2f	114,459.			
	3 Investment income (including dividends, interest and				
	other similar amounts)	7,580.			7,580.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties	•			<u> </u>
	(i) Real (ii) Personal	_			
	6a Gross rents				
	<b>b</b> Less: rental expenses	,	,		
	c Rental income or (loss)			*	
	d Net rental income or (loss)	•			1
	7a Gross amount from sales of (i) Securities (ii) Other	*			
	assets other than inventory	_			
	<b>b</b> Less: cost or other basis				
	and sales expenses	-			
	c Gain or (loss)				
	u Net gain of (loss)				
ENDE	8a Gross income from fundraising events (not including. \$				
OTHER REVEN	of contributions reported on line 1c)				
ER	See Part IV, line 18 a 134,015.	4			
5	b Less. direct expenses . b 48,895.	OE 100			05 100
	c Net income or (loss) from fundraising events .	85,120.	1		85,120.
į	9a Gross income from gaming activities See Part IV, line 19 a				
1	b Less: direct expenses . b	┧			
1	c Net income or (loss) from gaming activities.				<u> </u>
	10a Gross sales of inventory, less returns and allowances . 9,133.				
	b Less cost of goods sold . b 6,681.	1	]		İ '
	c Net income or (loss) from sales of inventory	2,452.			2,452.
	Miscellaneous Revenue Business Code	2,132.			2,152.
	11a OTHER REVENUE 900099	8,099.	8,099.		
	b	1	1		
	c	<del> </del>	1	<u> </u>	† · · · · · · · · · · · · · · · · · · ·
	d All other revenue				1
	e Total. Add lines 11a-11d	8,099.			
	12 Total revenue. See instructions		8,099.	0.	209,611.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	esponse to any question	in this Part IX		X
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	19,084.	9,542.	3,817.	5,725.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,120.	1,060.	424.	636.
11	Fees for services (non-employees):				
a	Management				
ŧ	Legal				
(	Accounting				
•	i Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other				
12	Advertising and promotion	15,260.	9,593.	423.	5,244.
13	Office expenses	15,856.	8,675.	2,112.	5,069.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	14,751.	14,751.		
	Interest .				
21	Payments to affiliates	05.006			
22	.,,,,	25,386.	13,889.	3,381.	8,116.
23 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.)	8,717.		8,717.	
	COMMUNITY COUNCIL	38,409.	38,409.		
	DUES & SUBSCRIPTIONS	32,731.	32,731.		
	REPAIRS	22,030.	12,053.	2,934.	7,043.
	PROFESSIONAL FEES	16,615.	12,000.	12,615.	4,000.
	All other expenses SEE . SCH. O	62,473.	36,883.	5,369.	20,221.
	Total functional expenses. Add lines 1 through 24e	273,432.	177,586.	39,792.	56,054.
26				337.32.	55,55.1.
	SOP 98-2 (ASC 958-720)				
	001 JU-2 (NOU 300-720)				

Part X	Balance Sheet			
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing	255,891.	1	291,870.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	· · · · · · · · · · · · · · · · · · ·
4	Accounts receivable, net	2,699.	4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
\$ 7	Notes and loans receivable, net		7	
S 7 S 8 T 9	Inventories for sale or use	31,437.	8	25,413.
5 9	Prepaid expenses and deferred charges	3,675.	9	25,415.
3 3	repaid expenses and deferred charges	3,073.	9	
10 a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 734,707.			
1	Less accumulated depreciation 10b 493, 495.	266,598.	10 c	241,212.
11	Investments – publicly traded securities.	515,546.	11	510,562.
12	Investments – other securities See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,075,846.	16	1,069,057
17	Accounts payable and accrued expenses	3,769.	17	7,887
18	Grants payable .	,	18	<u>'</u> -
19	Deferred revenue		19	
լ 20	Tax-exempt bond liabilities		20	
Å 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
A 21 B 22 L 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ţ   23	Secured mortgages and notes payable to unrelated third parties		23	
E 23 S 24			24	<u> </u>
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	93,190.	25	113,250
26	Total liabilities. Add lines 17 through 25.	96, 959.	26	121,137
	Organizations that follow SFAS 117, check here X and complete lines	1 30,333.		
P F	27 through 29 and lines 33 and 34.			
A 27	Unrestricted net assets	594,593.	27	571,137
\$ 27 E 28 S 29	Temporarily restricted net assets .	26,619.	28	19,108
š 29	Permanently restricted net assets	357,675.	29	357,675
Q Z	Organizations that do not follow SFAS 117, check here ► and complete	33.,573.		30.,010
	lines 30 through 34.			
F 30	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, or equipment fund.		31	,
Ā 32	Retained earnings, endowment, accumulated income, or other funds		32	
N 33	Total net assets or fund balances	978,887.	33	947,920
B 31 32 33 33 34	Total liabilities and net assets/fund balances	1,075,846.	34	1,069,057
BAA	rotal habilities and het assetsmund balances	1 1,0/3,040.	34	Form <b>990</b> (2011

BAA

Form 990 (2011) JUNIOR LEAGUE OF SAN DIEGO, INC.	95-209056	9	Page	e 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in	this Part XI			X
		_		
1 Total revenue (must equal Part VIII, column (A), line 12)		_ 25	3,28	}6.
2 Total expenses (must equal Part IX, column (A), line 25) .	2	27	3,43	32.
3 Revenue less expenses Subtract line 2 from line 1	. 3	-2	0,14	16.
4 Net assets or fund balances at beginning of year (must equal Part X	(, line 33, column (A)). 4	97	8,88	37.
5 Other changes in net assets or fund balances (explain in Schedule 6	D) SEE SCHEDULE O 5	-1	0,82	<u>11.</u>
6 Net assets or fund balances at end of year Combine lines 3, 4, and column (B))	5 (must equal Part X, line 33,	94	7,92	20_
Part XIII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in t	his Part XII			
		١,	Yes	No
1 Accounting method used to prepare the Form 990: Cash	Accrual Other			
If the organization changed its method of accounting from a prior year in Schedule O.	ear or checked 'Other,' explain			
2a Were the organization's financial statements compiled or reviewed by	by an independent accountant?	2a	X	
<b>b</b> Were the organization's financial statements audited by an independ	dent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that review, or compilation of its financial statements and selection of an	it assumes responsibility for oversight of the audit, independent accountant?	2c		х
If the organization changed either its oversight process or selection in Schedule O	process during the tax year, explain			*
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the f separate basis, consolidated basis, or both	inancial statements for the year were issued on a			ž.
X Separate basis Consolidated basis Both consol	idated and separate basis			
3a As a result of a federal award, was the organization required to und Audit Act and OMB Circular A-133?	ergo an audit or audits as set forth in the Single	3a		Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If or audits, explain why in Schedule O and describe any steps taken	the organization did not undergo the required aud to undergo such audits	ıt <b>3</b> b		
BAA		Form 9	<b>990</b> (2	:011)

Form **990** (2011)

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

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

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

lame o	f the	organization							Employer	identificat	on number		
JUN	IOI	R LEAGUE OF SA	AN DIEGO, INC.						95-20	90569	)		
Part	ı	Reason for Publ	ic Charity Status	(All organizations	must_c	omple	te this	part.)	See ir	structi	ons.		
he o	rga	nization is not a priva	ite foundation becaus	e it is. (For lines 1 throi	ugh 11,	check o	nly one	box.)					
1		A church, convention	of churches or associ	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i).					
2	$\Box$	A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3	П	A hospital or a coope	erative hospital servic	e organization describe	d in sec	tion 170	)(b)(1)(A	XX(iii).					
4	П	A medical research of	organization operated	in conjunction with a h	ospital d	describe	d in sec	tion 170	)(b)(1)(A	<b>X</b> iii). Er	iter the hos	pital's	ı
	_	name, city, and state		•	·							•	
5		<b>170(b)(1)(A)(iv).</b> (Co	mplete Part II)	f a college or university		·	•	-	nmental	unit des	scribed in s	ection	1
6	Ш	A federal, state, or lo	ocal government or go	overnmental unit descri	bed ın <b>s</b>	ection 1	70(b)(1)	(A)(v).					
7	Ц	in section 170(b)(1)(A	<b>A)(vi).</b> (Complete Pai				vernme	ntal unii	or from	the ger	neral public	descr	ribed
8	닏			<b>70(b)(1)(A)(vi).</b> (Complet									
9	X	from activities related investment income a	d to its exempt function	) more than 33-1/3% of ons – subject to certain s taxable income (less mplete Part III.)	n except	ions, an	id (2) no	more t	han 33-1	1/3% of	its support	from (	ross
10		An organization orga	ınızed and operated e	xclusively to test for pu	ıblıc safe	ety See	section	1 509(a)	(4).				
11		more publicly suppor	ted organizations des	exclusively for the benef scribed in section 509(a tion and complete lines	)(1) or s	ection 5	509(a)(2	ctions o	f, or car ection 5	ry out th 6 <b>09(a)(3)</b>	ne purpose . Check th	s of or e box	ne or that
		a ∏Type I	<b>b</b> Type II	c Type III				ted		dП	Type III -	- Othe	r
е		By checking this box other than foundation	. I certify that the org	anization is not controll r than one or more pub	ed direc	tly or in	directly	by one	or more scribed	disquali	fied persor	าร	•
		section 509(a)(2)				_		_					
f		check this box		rmination from the IRS				,	•		J	n,	
g		Since August 17, 200	Jb, has the organizati	on accepted any gift of	r contrib	ution fro	om any	of the fo	ollowing	persons	;7		
		(i) A person who o	directly or indirectly o	ontrols, either alone or	together	with pe	ersons d	lescribei	d in (ii) a	and (III)		Yes	No
		below, the gove	erning body of the su	pported organization?	J						11 g (i)		
		(ii) A family memb	er of a person descri	bed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the following	information about th	e supported organization	on(s).								
		(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	is the sation in in instead in overning ment?	the organ	ou notify nization in n (i) of upport?		ation in nn (i) ed in the	(vii) Amoui	nt of sup	port
					Yes	No	Yes	No	Yes	No			
					1								
(A)							ļ. <u>.</u>						
<b>B</b> )		·	ļ										
(C)					-	<del> </del>							<del></del>
D)													
<u>-,                                     </u>						<del></del>		<del>  -</del>	-		<del>,</del>		
E)													
		<u>-</u>									·		
Γotal													

### 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			<del>-</del>	<u>-</u>					
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						,			
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		- 3 .	12						
6	Public support. Subtract line 5 from line 4				, ,	٠ م				
Sec	tion B. Total Support			<u> </u>						
	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total			
7	Amounts from line 4 .									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related active	rities, etc (see ins	structions) .			12				
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(	3)			
	tion C. Computation of Pu					·				
	Public support percentage for 20		•	ne 11, column (f)).		14	%			
15	Public support percentage from	2010 Schedule A	, Part II, line 14	•		15	%			
16 a	33-1/3% support test — 2011. If and stop here. The organization	the organization of qualifies as a pu	did not check the blicly supported o	box on line 13, an rganization	id the line 14 is 3	3-1/3% or more, o	check this box			
t	33-1/3% support test — 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check a bo blicly supported o	ox on line 13 or 16 rganization .	ia, and line 15 is	33-1/3% or more,	check this box			
17 a	17a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
t	• 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as a	box and <b>stop he</b> i a publicly support	re. Explain in Part led organization	t IV how the			
18 BAA	Private foundation. If the organi	zation did not ch	eck a box on line	13, 16a, 16b, 17a			structions >			

### Part III 5 Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include	196,331.	167,920.	153,352.	137,861.	150 025	90E 400
2	any 'unusual grants ') Gross receipts from admis-	190,331.	107, 920.	155,552.	137,861.	150,035.	805,499.
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
9	tax-exempt purpose	266,374.	18,150.	13,787.	11,453.	9,133.	318,897.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the						-
	organization's benefit and either paid to or expended on						
_	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the						0
_	organization without charge	462,705.	106 070	167 120	140 214	150 160	0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1.	462,705.	186,070.	167,139.	149,314.	159,168.	1,124,396.
,	2, and 3 received from						
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)				and with mage that the state of	, , ,	1,124,396.
	tion B. Total Support						<u>,</u>
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
	Amounts from line 6	462,705.	186,070.	167,139.	149,314.	159,168.	1,124,396.
10 a	Gross income from interest, dividends, payments received					1	
	on securities loans, rents,						
	royalties and income from similar sources	21,610.	14,689.	7,753.	6,924.	7,580.	58,556.
b	Unrelated business taxable				<u> </u>	170303	
	taxes) from businesses						
	acquired after June 30, 1975			<u> </u>			0.
	Add lines 10a and 10b	21,610.	14,689.	7,753.	6,924.	7,580.	58,556.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is		110 706	06.000		05 100	242 225
10	regularly carried on		112,786.	96,208.	48,181.	85,120.	342,295.
12	Other income. Do not include gain or loss from the sale of						
	čapital assets (Explain in Part IV ) SEE PART IV .		2,228.	11,500.	29,623.	8,099.	51,450.
13	Total support. (Add Ins 9, 10c, 11, and 12.)	484,315.	315,773.	282,600.	234,042.	259,967.	1,576,697.
14	First five years. If the Form 990	is for the organiz					(3)
	organization, check this box and	stop here			•		· · · · · · · · · · · · · · · · · · ·
	tion C. Computation of Pu			- 12 (0)		1.00	71 21 0
	Public support percentage for 20 Public support percentage from	•	• • •	ie 13, column (i))		15	71.31 %
	tion D. Computation of Inv			<u> </u>	<u> </u>	10	00.23 %
17	Investment income percentage f				imp (f))	17	3.71 %
18	Investment income percentage f			=	(177	18	4.36 %
	33-1/3% support tests - 2011.	f the organization	did not check the	box on line 14. a	and line 15 is mor	e than 33-1/3%. a	and line 17
	is not more than 33-1/3%, check	k this box and <b>sto</b>	<b>p here.</b> The organ	iization qualifies a	as a publicly supp	orted organization	n. ► X
t	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%	f the organization	did not check a b	ox on line 14 or l	ine 19a, and line	16 is more than 3	33-1/3%, and ►
20	Private foundation. If the organi		•		•		
<del></del>				,,, (	JOA UNIC	300	

Schedule A	(Form 990 or 9	90-EZ) 201	I DONTOR	LEAGUE (	OF SAN DIE	GO, INC.	95-2	090569	Page 4
Part IV	Supplement Part II, line (See instruc	al Inform 17a or 17 tions).	ation. Com b; and Part	plete this particular than 12.	art to provid Also compl	e the explanat ete this part fo	ions required b or any additiona	by Part II, line 10 al information.	); 
			- <b></b>					<b></b>	
									<b>_</b>
						<b></b> .	<b></b>	. <b></b>	
	<b></b> -								
			- <b></b>					. – – – – – – – – –	· <del></del>
							<b></b>		· <del>-</del>
			<del>,</del>						
									. – – – –
							<b></b>		· <b></b>
	<b></b>					<del></del>			. – – –
- <b></b>							<b></b>		·
									·
			<del>-</del>	- <b>-</b>	<b>-</b>		<b></b>		
				<b>-</b>					
	<del>_</del>		<b></b>					<b></b>	<b></b>

2011 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

**©11**EX1 10°188

INCLOS PRACTICAL DE SAN DIEGO INC

95-2090569

NATURE AND SOURCE	<u>.                                    </u>	2011	2010	2009	2008	2007
OTHER REVENUE	TOTAL	8,099. \$ 8,099.	29,623. \$ 29,623.	11,500. \$ 11,500.	2,228. \$ 2,228.	\$ 0.

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ונוד.	NIOR LEAGUE OF SAN DIEGO, INC.			95-	2090569	
Pai		Advised Funds or Other	er Similar Fund			ı ıf
	the organization answered 'Yes' to	o Form 990, Part IV, line	6.		<b>3.</b> Complete	•
		(a) Donor advised	funds	(b) Funds a	and other acco	nunts
1	Total number at end of year	(a) Donor davised	Turius	(b) Turius (	and other deed	ourits
2	Aggregate contributions to (during year)					<del></del>
3	Aggregate contributions to (during year)  Aggregate grants from (during year)	<del></del>			<del></del>	
Д	Aggregate value at end of year					<del></del>
4	Aggregate value at end of year			··		
5	Did the organization inform all donors and dor funds are the organization's property, subject			nor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or dor	ng that grant fund nor advisor, or for	ls can be any other	☐Yes	□No
Da	3 1 1		naviored West	to Form 000 F		
	rt II Conservation Easements. Compl			<u>to Form 990, P</u>	art IV, line	/
•	Purpose(s) of conservation easements held by		_ ```			
	Preservation of land for public use (e g , r	ecreation or education)	<b>—</b>	f an historically im	•	area
	Protection of natural habitat		Preservation o	f a certified histori	c structure	
_	Preservation of open space					
2	Complete lines 2a through 2d if the organizati last day of the tax year	on held a qualified conservation	on contribution in	the form of a cons	ervation ease	ment on the
	last day of the tax year			Lold of	the End of th	o Tay Year
	Total number of concentation accoments			<del></del>	tille Ella of th	e lax lear
	a Total number of conservation easements.			2a		
	b Total acreage restricted by conservation ease			2b		
(	c Number of conservation easements on a certi	fied historic structure included	ın (a)	2c		
	d Number of conservation easements included i structure listed in the National Register			2 d		
3	Number of conservation easements modified, tax year ▶	transferred, released, extingu	ished, or terminat	ed by the organiza	ation during th	e
4	Number of states where property subject to co	onservation easement is locate	ed <b>&gt;</b>	_		
5	Does the organization have a written policy re and enforcement of the conservation easemet	garding the periodic monitorin	ng, inspection, har	ndling of violations	Yes	☐ No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing	conservation ease	ments during the	year	
7	Amount of expenses incurred in monitoring, if	nspecting, and enforcing cons	ervation easemen	ts during the year		
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	n line 2(d) above satisfy the re	equirements of se	ction	Yes	☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its to the organization's financial	revenue and expen statements that d	se statement, and t escribes the orgar	palance sheet, a	and ounting for
Pa	rt III Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or	Other Similar	Assets.	
1:	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	r SFAS 116 (ASC 958), not to	report in its reveilucation, or resea	nue statement and	l balance shee of public servi	et works of ice, provide,
1	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items:	r SFAS 116 (ASC 958), to rep	ort in its revenue	statement and bal n furtherance of p	ance sheet wo ublic service,	orks of art, provide the
	(i) Revenues included in Form 990, Part VIII	. line 1			►\$	
	(ii) Assets included in Form 990, Part X.			••	►\$ ►\$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or oth	er sımılar assets f		· ———	
:	a Revenues included in Form 990, Part VIII, line	-			►Ś	
	<b>b</b> Assets included in Form 990, Part X				•\$	<del></del> ·

Schedule D (Form 990) 2011 JUNIO					95-209			Page 2
Part III Organizations Mainta	ining Colle	ctions	of Art, Histo	orical Treasures, o	Other Similar Ass	ets (c	<u>ontınu</u>	<u>ed)</u>
3 Using the organization's acquisiting tems (check all that apply)	on, accession	, and ot	her records, ch	eck any of the following	g that are a significant i	use of its	s collect	lion
a Public exhibition			-	or exchange programs				
<b>b</b> Scholarly research			e U Other					
c Preservation for future gener								
4 Provide a description of the orga Part XIV.						se in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be main	donations of ar itained as part (	t, nistorical treasures, c of the organization's co	or other similar Hection?	Yes		No
Part IV Escrow and Custodia line 9, or reported an	l Arrangem	ents.	Complete if t	he organization an	swered 'Yes' to Fo	rm 990	), Part	īV,
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or oth	er intermediary	for contributions or oth	ner assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	ind comp	olete the followi	ng table.				
_						Amoun	<u>t</u>	
c Beginning balance					. 1c			
<b>d</b> Additions during the year				••	1 d			
<ul><li>e Distributions during the year</li><li>f Ending balance</li></ul>	•			•	1e			
2a Did the organization include an a	mount on For	m 990	Part Y line 212	,	[	Yes	Г	No
<b>b</b> If 'Yes,' explain the arrangement		111 330,	rait X, inte 21:	•		res	<u>L</u>	
Part V Endowment Funds. Co		he orga	anization ans	swered 'Yes' to For	m 990. Part IV. line	e 10.		
	(a) Current		(b) Prior year		-		Four years	s back
1 a Beginning of year balance.						Ī	4	®.; ;, €
<b>b</b> Contributions						,1 15	5.2 . 2	l 1, -,
c Net investment earnings, gains, and losses		:				Jr 1	*	
d Grants or scholarships								¥n .
e Other expenditures for facilities and programs						١,		<b>.</b>
f Administrative expenses						·	* *	* \
<b>g</b> End of year balance .			<del> </del>		l	*1*	ر نو ر	
2 Provide the estimated percentag		nt year e	end balance (lır	ne 1g, column (a)) held	as			
a Board designated or quasi-endov	vment ►		<sup>%</sup>					
b Permanent endowment ►  c Temporarily restricted endowmen			O,					
The percentages in lines 2a, 2b,		d oqual	6 100%					
3a Are there endowment funds not organization by:	in the possess	sion of t	he organization	that are held and adm	inistered for the	ſ	Yes	No
(i) unrelated organizations						3a(i)		<del></del>
(ii) related organizations						3a(ii)		$\overline{}$
<b>b</b> If 'Yes' to 3a(II), are the related (	organizations	listed as	required on So	chedule R? .		3b		
4 Describe in Part XIV the intende								
Part VI Land, Buildings, and	Equipment	. See F	orm 990, Pa	art X, line 10.				
Description of property		(a) Cost (ın	or other basis vestment)	basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
<b>1a</b> Land				171,827.				,827.
<b>b</b> Buildings.				383,940.	331,430.		<u>52</u>	,510.
c Leasehold improvements.	• •	ļ		170 040	150 05-			
<b>d</b> Equipment	••			178,940.	162,065.		<u> 16</u>	<u>,875.</u>
e Other	an (d) mint :	muol Co	000 54 4	anlumn (D) 1:== 10( ) 1	<u> </u>	-	241	212
Total. Add lines 1a through 1e. (Colum	iii (u) must e	yuai rof	iii 330, Fart X,	colultin (b), line 10(c)		dule D 4		<u>, 212 .</u> 90) 2011
					Scrie	uuic <b>D</b> (I	JIIII 37	JUJ 2011

TEEA3302L 01/16/12

Schedule D (Form 990) 2011 JUNIOR LEAGUE OF			93-2090309 Page 3
Part VII Investments - Other Securities. Se	<del>,</del>	T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Met	thod of valuation. I-of-year market value
(1) Financial derivatives		000(0)	or year market value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
_(1)	<b>-</b>		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12).	<b>•</b>		
Part VIII Investments - Program Related. S	ee Form 990, Part X	T	· · · · · · · · · · · · · · · · · · ·
(a) Description of investment type	(b) Book value	(c) Me	thod of valuation: t-of-year market value
(1)		Cost of end	1-01-year market value
(2)			<del></del>
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
(10)	· ·		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	<b>•</b>		
Part IX Other Assets. See Form 990, Part 2	X, line 15. $N/I$	<i>I</i>	
(a)	Description		<b>(b)</b> Book value
_ (1)	· · · · · · · · · · · · · · · · · · ·		
(2)			
(3)			
(4)			
_(5)			
(6)			
<u>(7)</u>			
(8)			
<u>(9)</u> (10)			
Total. (Column (b) must equal Form 990, Part X, colum	an (R) line 15.)	· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b>
Part X Other Liabilities. See Form 990, Pa		<del></del>	
(a) Description of liability	(b) Book value		
(1) Federal income taxes	(B) Book value		
(2) DEFERRED REVENUE	113,2	50.	
(3)			
(4)			
_(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
_(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).	<b>▶</b> 113,2	50.	
2 FIN 48 (ASC 740) Footpote In Part XIV provide the t	ext of the footnote to the	organization's financial sta	atements that reports the

2 FIN 48 (ASC 740) Footnote In Part XIV, 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)

_		-2090309	Page 4
Pai	t XI   Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		253,286.
2	Total expenses (Form 990, Part IX, column (A), line 25)		273,432.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-20,146.
4	Net unrealized gains (losses) on investments		-10,821.
5	Donated services and use of facilities		
6	Investment expenses	· L	
7	Prior period adjustments	<u> </u>	
8	Other (Describe in Part XIV )		
9	Total adjustments (net) Add lines 4 through 8		-10,821.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-30,967.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	298,041.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u> </u>
•	Net unrealized gains on investments . 2a -10,821.	1	
	Donated services and use of facilities 2b	1	
	Recoveries of prior year grants 2c	1	
	Other (Describe in Part XIV) SEE PART XIV 2d 55,576.	1	
	Add lines 2a through 2d .	2e	44,755.
	Subtract line 2e from line 1	3	253,286.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	*	
	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12).	5	253,286.
	tiXIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per		
	Total expenses and losses per audited financial statements	1	329,008.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>- '  </del>	329,000.
	ł 1	[ , ]	
	Prior year adjustments 2b	- i - i - i - i - i - i - i - i - i - i	
	Other losses 2c	- <del></del>	
	d Other (Describe in Part XIV) SEE PART XIV 2d 55,576.	<del>  </del>	
	e Add lines 2a through 2d	2e	55,576.
_	Subtract line 2e from line 1	3	273,432.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ŧ .	
	a Investment expenses not included on Form 990, Part VIII, line 7b.	4 1	
	Other (Describe in Part XIV)	<del>├</del>	
	E Add lines 4a and 4b	4c	272 422
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  t XIV Supplemental Information	5	273,432.
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete additional information	e this part to p	zu, orovide
			<b>-</b>
			<b></b> -
		<del>-</del>	

TEEA3304L 05/25/11

Schedule **D** (Form 990) 2011

BAA

chedule D (Form 990) 2011 JUNIOR LEAGUE OF SAM DIEGO, INC.	95-2090569	Page 5
Ranking Supplemental Information (continued)		
		<i>-</i>
	- <del> </del>	
	<b></b>	
	<del></del>	

TEEA3305L 05/25/11

Schedule **D** (Form 990) 2011

BAA

2011

## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

QUENT 10=1,39

JUNIOR LEAGUE OF SAN DIEGO, INC.

95-2090569

## SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

INVENTORY SALES EXPENSE SPECIAL EVENT EXPENSE . . .

. \$ 6,681. 48,895. TOTAL \$ 55,576.

#### SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

INVENTORY SALES EXPENSE . SPECIAL EVENT EXPENSE

\$ 6,681. 48,895. TOTAL \$ 55,576.

### 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' 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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization						Employer identifica	tion number
JUNIOR LEAGUE OF SAN DIEC	O, INC.					95-209056	9
Part I Fundraising Activities. Comp Form 990-EZ filers are not rec	lete if the organ	nization ar ete this pa	nswered 'Y art	es' to Form 990, Part I	V, line	17.	
1 Indicate whether the organization	raised funds the	rough any	of the follo	owing activities Check	all that	apply	
a Mail solicitations			е	Solicitation of non-	governn	nent grants	
b Internet and email solicitations	5		f	Solicitation of gove	-	-	
c Phone solicitations			q	Special fundraising		-	
d In-person solicitations			5	openiar ramaranaming	0.00		
2a Did the organization have a written employees listed in Form 990, Par	n or oral agreer t VII) or entity	ment with a	any individ ion with pi	dual (including officers, rofessional fundraising	dırector service:	rs, trustees or k	Yes X No
<b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en ne organization:	tities (fund	iraisers) p	ursuant to agreements	under w	hich the fundra	iser is to be
(i) Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Ar	mount paid to	(vi) Amount paid to
or entity (fundraiser)			ty or control butions?	from activity	fundr	retained by) aiser listed in column <b>(i)</b>	(or retained by) organization
		Yes	No				
1							
2							
3							-
4							
5							
6							
7		<b></b>					
8							
9							
10							
	1	<u> </u>	1		<u> </u>		
Total  3 List all states in which the organize			<b>&gt;</b>				0.
or licensing	ation is registe	rea or lice	nsea to sc	olicit contributions or na	is been	notified it is exe	empt from registration
	<b>-</b>						

Schedule <b>G</b> (Form 990 or 990-EZ) 2011 JUNIOR LEAGUE OF SAN DI	EGO.	TNC

95-2090569

Page 2

•			(a) Event #1 ISLAND DIVINE	(b) Event #2 A LA CARTE	(c) Other events	(d) Total events (add column (a) through column (c))
K E > E Z D			(event type)	(event type)	(total number)	
;	1	Gross receipts .	77,862.	56,153.		134,015
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	77,862.	56,153.		134,015
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs .				
- 1	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	38,498.	10,397.		48,895
	10	Direct expense summary Add lines 4 thi	rough 9 in column (d)		•	48,895
	11	Net income summary Combine line 3, co	olumn (d), and line 10		<u> </u>	85,120
ar	tilli	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye:	s' to Form 990, Part	t IV, line 19, or re	ported more than
			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue	<u> </u>			
_		Gross revenue	L	<u>.</u>		
EXP	2	Cash prizes .				
EXPES						
EXPESSES	2	Cash prizes .				
EXPENSES	3	Cash prizes				
EXPESSES	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs	Yes%	Yes%	Yes %	
EXPENSES	2 3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses	No	IH	H —	
EXPESSES	2 3 4 5	Cash prizes	No	No .	H —	
9	2 3 4 5 6 7 8 Enter is the	Cash prizes	No rough 5 in column (d) lines 1, column (d) and perates gaming activities g activities in each of the	No  line 7 .  es nese states?	No .	Yes No

Scrie	dule G (Form 990 of 990 EZ) 2011 JUNIOR LEAGUE OF SAN DIEGO, INC.	95-209050	9 rage 3
11	Does the organization operate 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 administer charitable gaming?	formed to	Yes No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility .	13a	<u> </u>
b	An outside facility	13b	<u> </u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books	and records:	
	Name >		
	Address •		
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revo	enue? .	Yes No
	If 'Yes,' enter the amount of gaming revenue received by the organization > \$ ar		
	of gaming revenue retained by the third party > \$		
c	If 'Yes,' enter name and address of the third party		
	Name •		
	Address ►		
16	Gaming manager information		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?	retain the	Yes No
t	Enter the amount of distributions required under state law to be distributed to other exempt organization	s or spent in the	•
	organization's own exempt activities during the tax year > \$		1 Ob
Par	Supplemental Information. Complete this part to provide the explanations required columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as ap this part to provide any additional information (see instructions).	plicable. Also	complete
_			
BAA	TEEA3703L 05/20/11 Sche	dule <b>G</b> (Form 90	00 or 990-EZ) 201
		v viiii 3.	

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

JUNIOR LEAGUE OF SAN DIEGO, INC.	195-2090569
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
JUNIOR LEAGUE OF SAN DIEGO, INC. IS PART OF AN ORGANIZATION OF	WOMEN COMMITTED TO
PROMOTING VOLUNTARISM, DEVELOPING THE POTENTIAL OF WOMEN AND IN	MPROVING COMMUNITIES
THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTED	ERS. JLSD REACHES OUT
TO WOMEN OF ALL RACES, RELIGIONS, AND NATIONAL ORIGINS WHO DEMO	ONSTRATE AN INTEREST
IN AND COMMITMENT TO VOLUNTARISM. THE CURRENT FOCUS OF JLSD I	S IMPROVING CHILDREN'S
HEALTH AND NUTRITION IN THE SAN DIEGO AREA.	
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
COMMUNITY DEVELOPMENT - JLSD ASSISTS THE NEEDS OF THE SAN DIEGO	O COMMUNITY BY
DEVELOPING AND IMPLEMENTING PROGRAMS THAT WILL REDUCE CHILDHOO	D OBESITY IN SAN DIEGO
COUNTY AND WILL IMPROVE THE HEALTH AND NUTRITION OF SAN DIEGO'S	S CHILDREN BY INSPIRING
PARENTS AND CHILDREN TO MAKE HEALTHY EATING AND EXERCISE A REG	ULAR PART OF THEIR
LIVES. THE ORGANIZATION IDENTIFIED AND FACILITATED FOUR PROGR	AMS IN THE COMMUNITY
WHICH ARE DESIGNED TO PROVIDE DISTINCT TOOLS FOR PARENTS AND C	HILDREN TO IMPROVE
THEIR HEALTH. IN ADDITION THE ORGANIZATION PROVIDES COMMUNITY	ASSISTANCE GRANTS TO
PROGRAMS IN THE COMMUNITY THAT FALL WITHIN THE CURRENT FOCUS A	REA OF THE ORGANIZATION
KIDS IN THE KITCHEN - THE JUNIOR LEAGUE OF SAN DIEGO HAS PARTN	ERED_WITH_OLIVEWOOD
GARDENS AND LEARNING CENTER IN NATIONAL CITY, CA TO BRING KIDS	IN THE KITCHEN TO OUR
COMMUNITY! TOGETHER, WE ARE HELPING SAN DIEGO ADDRESS THE URGE	NT ISSUES SURROUNDING
CHILDHOOD OBESITY AND POOR NUTRITION DURING THESE FUN ONE-DAY	EVENTS FOR CHILDREN AND
THEIR PARENTS. EVERY EVENT IS FREE AND OPEN TO THE PUBLIC.	
BE_HEALTHY_FAMILY_BACK_TO_SCHOOL_NIGHTS - INCREASING_HEALTH_AW	ARENESS AND PROMOTING
HEALTHY DIETS BY GIVING ELEMENTARY STUDENTS AND THEIR PARENTS'	IDEAS AND TOOLS FROM
OUR BE HEALTHY TOOLBOX. JLSD PARTNERED WITH THREE SCHOOLS IN T	HE SAN DIEGO UNIFIED

2011

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGEÍ

CLENT 10-139

JUNIOR LEAGUE OF SAN DIEGO, INC.

95-2090569

# FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL_	SERVICES	& GENERAL	FUNDRAISING
BANK SERVICE CHARGES FUNDRAISING EXPENSES	16,024. 5,600.	2,470.	3,675.	9,879. 5,600.
MEMBERSHIP COUNCIL OFFICER TRAINING	7,138. 11,835.	7,138. 11,835.		3,333
SUSTAINER EVENTS TAXES AND PERMITS	3,141. 1,027.	,	1,027.	3,141.
TRAINING UTILITIES	12,701. 5,007.	12,701. 2,739.	667.	1,601.
	TOTAL \$ 62,473.	\$ 36,883.	\$ 5,369.	\$ 20,221.

### FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ -10,821. \$ -10,821.

### Form **4562**

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99

# **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2011

achment 17

Identifying number

10

11 12

17

21

22

JUNIOR LEAGUE OF SAN DIEGO, INC 95-2090569 Business or activity to which this form relates FORM 990/990-PF Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9

Note: Do not use Part II or Part III below for listed property Instead, use Part V

11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions.)

15 Property subject to section 168(f)(1) election

16 Other depreciation (including ACRS)

17 Including ACRS

Part III MACRS Depreciation (Do not include listed property ) (See instructions )

12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11

10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562

13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12

#### Section A

- 17 MACRS deductions for assets placed in service in tax years beginning before 2011
- 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B — Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property (b) Month and (C) Basis for depreciation (d) (e) (f) Method (g) Depreciation deduction year placed (business/investment use Recovery period Convention in service see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27.5 yrs h Residential rental MM S/L property 27.5 yrs S/L MM i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

 Section C – Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

 20 a Class life.
 S/L

 b 12-year
 12 yrs
 S/L

 c 40-year
 40 yrs
 MM
 S/L

### Part IV Summary (See instructions )

- 21 Listed property Enter amount from line 28
- Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations see instructions . . . . .
- 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

23 FDIZ0812L 05/20/11

Form 4562 (2011)

25,386.

BAA For Paperwork Reduction Act Notice, see separate instructions.

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CHIZATE 100-1130			<del>-</del> 2)		Wen y	EWE OF	JUNIOR LIZACUE OF SAN DIECO, INC.	ભેંં, INC	, or					939-8	3990302-93
NOTATION	DATE	DATE	COST/	BUS.	CUR 179 BONIIS	SPECIAL DEPR.	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC. BAL	SALVAG /BASIS RENICT	DEPR RASIS	PRIOR DEPR	METHOD LIFE RATE	78		CURRENT
990/990-P															
BUILDINGS															
2 BUILDING	12/01/82		205,687							205,687	200,469	S/L	8		5,218
3 PAINTING	12/01/83		7,630							7,630	7,630	S/L	7		0
4 IMPROVEMENTS	12/01/83		10,978							10,978	10,046	S/L	8		366
5 IMPROVEMENTS	12/01/85		2,785							2,785	2,376	S/L	99		93
7 IMPROVEMENTS	12/01/89		12,318							12,318	12,318	S/L	7		0
8 PAINTING	12/01/91		3,118							3,118	3,118	S/L	7		0
9 IMPROVEMENTS	12/01/91		4,073							4,073	2,678	S/L	93		136
10 IMPROVEMENTS	12/01/94		8,959							8,959	2,167	S/L	8		299
13 STUCCO	12/01/36		4,620							4,620	4,620	S/L	7		0
14 IMPROVEMENTS	12/01/96		30,926							30,926	14,957	S/L	8		1,031
17 IMPROVEMENTS	12/01/98		3,128							3,128	1,397	S/L	8		104
18 IMPROVEMENTS	4/01/00		24,689							24,689	24,689	S/L	7		0
19 IMPROVEMENTS	4/01/00		4,000							4,000	4,000	S/L	7		0
20 IMPROVEMENTS	4/01/00		41,838							41,838	15,688	S/L	8		1,395
27 IMPROVEMENTS	12/15/01		882							882	882	S/L	7		0
31 CARPETS	11/13/02		1,042							1,042	1,042	S/L	7		0
35 PAINTING	3/31/03		711							711	111	S/L	7		0
36 ACCESS CONTROL SYSTEM	5/31/03		1,724							1,724	1,724	S/L	7		0
41 EXTERIOR LIGHTING	4/01/04		1,750							1,750	1,750	S/L	7		0
42 PATIO ABOVE ROOF	12/13/04		5,400							5,400	1,275	S/L	99		180
47 PROPANE CAGE	7/12/06		635							635	447	S/L	7		16
48 BASEMENT WALLS	7/12/06		2,450							2,450	1,723	S/L	7		350
49 PLASTER & LATHE	7/12/06		830							830	584	S/L	7		119

(SISOM) 2	23	ONN F	ZONN FEDERY		300K		AL BOOK DEPRECIATION SCHEDULE	THOIN	SAHI					P/AGE 2
CHIENT 10-138			(T)		ह्य तिष्ट्रश्र	સ્પાર બ્રહ્	UNIOE LEXENT OF SAN DIFEO, INC.	EO, IN	ુ દુ					95-20205-59
NO DESCRIPTION	DATE	DATE	COST/ BASIS	BUS PCT.	CUR 179 BONUIS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR.	METHOD_ LIFE_RATE	LIEE RATE	CURRENT DEPR.
FOUNDATIO	8/08/06		525	· 						1,625	1,122	7/S S/L	7 7	232
TOTAL BUILDINGS		•	383,940	•		0	0		0	383,940	321,510			9,920
LAND														
1 LAND	12/01/82	'	171,827	'						171,827				0
TOTAL LAND			171,827		0	0	0	0	0	171,827	0			0
MACHINERY AND EQUIPMENT														
6 EQUIPMENT & FURNISHINGS	12/01/87		45,916							45,916	45,916	S/L	7	0
11 EQUIPMENT & FURNISHINGS	12/01/95		4,665							4,665	4,665	S/L	7	0
12 COMPUTER EQUIPMENT	12/01/36		2,706							2,706	2,706	S/L	7	0
15 EQUIPMENT & FURNISHINGS	76/10/7		8,058							8,058	8,058	S/L	7	0
16 EQUIPMENT & FURNISHINGS	12/01/97		1,100							1,100	1,100	S/L	7	0
21 EQUIPMENT & FURNISHINGS	5/31/00		1,000							1,000	1,000	S/L	7	0
22 EQUIPMENT & FURNISHINGS	5/31/00		2,000							2,000	2,000	S/L	7	0
23 EQUIPMENT & FURNISHINGS	11/01/00		7,458							7,458	7,458	S/L	7	0
24 EQUIPMENT & FURNISHINGS	12/01/00		5,777							2,777	5,777	S/L	7	0
25 EQUIPMENT & FURNISHINGS	1/31/01		2,356							2,356	2,356	S/L	7	0
26 EQUIPMENT & FURNISHINGS	5/31/01		1,035							1,035	1,035	S/L	7	0
28 3 PATIO HEATERS	3/27/02		1,420							1,420	1,420	S/L	7	0
29 LIVING ROOM COCKTAIL TABL	4/12/02		1,106							1,106	1,106	S/L	7	0
30 LIVING ROOM GAME TABLE	5/14/02		350							320	350	S/L	7	0
32 SLIP COVER & PILLOW SEATS	12/30/05		1,826							1,826	1,826	S/L	7	0
33 GATEWAY PENTIUM COMPUTER	1/15/03		815							815	815	S/L	co.	0

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(3/13/0)/1. 2)	6/3(0/1/2) 34/1988 1(0) 138	60	Z(B)/1 [1]	2011 REDER	JANA)	BOOK Orivatio	(GUE)	NI, ISOOK DEPRECIVITION S Unior yeveve of sampleod, inc.		SCHI	DAPARCHATRON SCHEDULE JE OF SAMDIECO, INC.				<u>a</u> 8	PAGE 3
QN	DESCRIPTION	DATE - ACQUIRED.	DATE	COST/ BASIS	BUS.	CUR 179 BONUS.	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR.	METHOD_ LIFE RATE	삨	-	CURRENT
**	WINDOWS XP SOFTWARE	1/15/03		323	_						323	323	S/L	5		0
37	ANCHOR SOUND SYSTEM	8/27/03		1,297							1,297	1,297	S/L	7		0
88	CHANDELIER	10/02/03		1,300	_						1,300	1,300	S/L	7		0
33	PHONE SYSTEM	11/29/03		2,078	~						2,078	2,078	S/L	7		0
40	CANOPY	12/12/03		692							695	989	S/L	7		0
43	QUICKBOOKS FOR NONPROFITS	2/15/05		431	_						431	431	S/L	ß		0
\$	REFRIGERATOR	4/15/05		939	<b>~</b>						636	826	S/L	7		101
45	DATABASE	5/30/05		000'9	_						9000'9	9000'9	S/L	ιn		0
46	PROJECTOR	3/15/06		984	_						984	896	S/L	2		0
51	AUCTION PAY EQUIPMENT	4/01/07		1,150	_						1,150	1,150	S/L	က		0
53	DIGITAL CHEETAH	80/10/9		65,958	~~						65,958	40,675	S/L	Ŋ		13,192
ফ	TABLES & FOLDING CHAIRS	10/15/09		5,397	_						5,397	1,911	S/L	ß		1,079
55	DC-PROV ONLINE REGISTRATI	4/05/10		3,800	_						3,800	950	S/L	ις		760
29	10 EASELS	4/27/10		1,000	<u> </u>	ĺ				j	1,000	416	S/L	ო	ł	334
	TOTAL MACHINERY AND EQUIPME			178,940		0	0	0	0	0	178,940	146,599				15,466
	TOTAL DEPRECIATION			734,707	. ~ "		0		0		734,707	468,109			[	25,386
	GRAND TOTAL DEPRECIATION			734,707		0	0	0	0	0	734,707	468,109			ł	25,386

# (Rev January 2012)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue		► File a sep	arate appli	cation for each return.			
• If you are	filing for an	Automatic 3-Month Extension, con	plete only	Part I and check this box .			<u>► X</u>
•	•			n, complete only Part II (on page 2 of the	s fo	m),	
	_			atic 3-month extension on a previously f			
corporation r request an ex Associated V	equired to file xtension of tir Vith Certain Po	Form 990-T), or an additional (not ne to file any of the forms listed in	automatic) Part I or Pa ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can eleart II with the exception of Form 8870, In to the IRS in paper format (see instructional Charities & Nonprofits.	ctro forn	nically file Forr nation Return f	n 8868 to or Transfers
Partie A	utomatic 3-	Month Extension of Time. O	nly subm	it original (no copies needed).			
A corporation	required to f	ile Form 990-T and requesting an a	utomatic 6	-month extension - check this box and o	om	plete Part I on	y . ►
All other corp income tax r		luding 1120-C filers), partnerships,	REMICS, ai	nd trusts must use Form 7004 to request Enter filer's identif			
	Name of exempt	organization or other filer, see instructions				oloyer identification	
Type or	1						
print	TINTOR I	EAGUE OF SAN DIEGO, IN	IC.		X	95-20905	69
File by the		and room or suite number If a P O box, see in			1	Social security nu	<del></del>
due date for filing your return. See	210 MAPT	E STREET			$\Box$		
instructions		t office, state, and ZIP code For a foreign add	ress, see instru	ctions	Щ.		
	SAN DIEG	O, CA 92103					
Application	turn code for	the return that this application is fo	Return	Application  Application			Return
Is For			Code	Is For			Code
Form 990			01	Form 990-T (corporation)			07
Form 990-Bl			02	Form 1041-A		<del></del>	08
Form 990-E2			01	Form 4720			09
Form 990-PI			04	Form 5227			10
		a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other th	an above)	06	Form 8870			12
Telephon  If the org  If this is check the exte  I requesion the extension the extensi	ganization doe for a Group F als box  and significant and	. If it is for part of the group, of	FAX Not siness in the digit Group theck this between the digit ganization required ganization reading and ending the digit and ending the sines of t	the United States, check this box	this mes		
	ange in accor						
3a If this	application is	for Form 990-BL, 990-PF, 990-T, 4	720, or 606	9, enter the tentative tax, less any		3a\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions......

3Ы\$

0.

0.

rorm 8868	(Rev 1-2012)					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II and check th	s box		<b>►</b> X
Note. Only	complete Part II if you have already been granted	an automa	tic 3-month extension on a previously	filed For	rm 8868	
•	are filing for an Automatic 3-Month Extension, cor		·			
	Additional (Not Automatic) 3-Month Exte			copies	needed)	
T TO SECURE			Enter filer's id	<del></del>		
	Name of exempt organization or other filer, see instructions				rtification numb	
				p.oyeae.	ioneation name	E1 (E.i.v) 61
Type or	HINTON LEACHE OF CAN DIECO INC	,	F	7 0. 0	000560	
print	JUNIOR LEAGUE OF SAN DIEGO, INC				090569 y number (SSN)	
File by the	Number, street, and room or suite number. It a P O box, see inst	TUCTIONS		ociai securii	y number (3314)	,
File by the extended due date for	LEAF & COLE, LLP	ממכ בויו	-	7		
filing the return. See	2810 CAMINO DEL RIO SOUTH, SUIT		<u></u>			
instructions	City, town or post office, state, and ZIP code. For a foreign address	ss, see instructi	ons			
	SAN DIEGO, CA 92108-3820					
Enter the f	Return code for the return that this application is fo	or (file a sec	parate application for each return)			01
		. (	action application for countricating			
Applicatio	n	Return	Application			Return
Is For		Code	ls For		<u> </u>	Code
Form 990		01				
Form 990-	BL	02	Form 1041-A			08
Form 990-	EZ	01	Form 4720			09
Form 990-	PF	04	Form,5227			10
Form 990-	T (section 401(a) or 408(a) trust)	05	FOUN \$069			11
Form 990-	T (trust other than above)	709 L	Form 8870			12
STOP! Do	not complete Part II if you were not already gran	et all auton	natic 3-month extension on a previo	usly filed	Form 8868.	- <del> </del>
	oks are in care of JUNIOR LEAGUE OF SA					
	none No. <u>619-234-2253</u>	FAX No. ►				
	organization does not have an office or place of bu				•	► 📙
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four					his is for the
whole grou	up, check this box $ ightharpoonup$ . If it is for part of the gr	roup, check t	his box 🕒 🗌 and attach a list with	the nam	es and EIN:	s of all
members	the extension is for.					
5 For 6 6 If the	juest an additional 3-month extension of time until calendar year, or other tax year beginning tax year entered in line 5 is for less than 12 months that year entered in line 5 is for less than 12 months year entered in line 5 is for less	ng 7/01 ths, check r TIONAL A CORR	. 20 11 , and ending 6 eason Initial return TIME IS NEEDED TO COMPL ECT TAX RETURN. THE ORG	Fir ETE_TH	nal return IE_REVIE	.W
	is application is for Form 990-BL, 990-PF, 990-T, 4 refundable credits. See instructions		9, enter the tentative tax, less any	82	\$	
payr	is application is for Form 990-PF, 990-T, 4720, or 6	069, enter llowed as a	any refundable credits and estimated	ly	s \$	
c Bala	ance due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Tax Payment System). See	ur payment	with this form, if required, by using		\$	
			st be completed for Part II on		-1+	
Under penall correct, and	ies of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form		·	_	belief, it is true,	
	m 1 11 7100	1	24			
Signature	Tille Tille		TOT		Date -	
BAA	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FIEZOSOZ	_ 07/29/11		Form 8868	(Rev 1-2012)

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