

Internal Revenue Service

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)

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

OMB No. 1545-0047

A F	or the	2009 calendar	year, or tax year beginn	ing JUN 1	, 2009	and er	nding M	AY	31, 2	2010		
В	Check if	Picase C Nam	e of organization					D En	nployer i	identifi	ication number	
8	pplicable	" [use IRS JUN]	OR LEAGUE OF	F OKLAHOM	A CITY,							
	Addres	label or OKLA	AHOMA, INC.		-							
	Name		g Business As					1	7	73–6	040128	
]initial return	See Num	ber and street (or P.O. be	ox if mail is not deliv	rered to street addr	ress) Ro	oom/suite	E Te	lephone	numbe		
	Termin		NW GRAND BI			,		'			843-5668	
	Amend		or town, state or country	y, and ZIP + 4				G Gro	ss receipts		1,173,8	$\overline{14.}$
	Application	• OKL	AHOMA CITY, C		-6039			H(a)	s this a ç	group r		
	pendir	F Name and	address of principal offic	er:JULIET	GREENE		·		or affiliat		Yes X	No
			C ABOVE					Н(ь) /	Are all affil	liates ind		No
$\overline{1}$	ax-exe	empt status: X	501(c) (3) ◀ (ins	sert no.) 49	47(a)(1) or	527		1			list. (see instructions	_
		e: ➤ WWW.JI						1			n number 🕨	-,
K F	orm of	organization: X	Corporation Trust	Association	Other ▶		L Year				M State of legal domicile	e:OK
	art I	Summary										
	1	Briefly describe t	he organization's mission	n or most significa	ant activities: T	HE JU	UNIOR	LE	AGUE	OF	OKLAHOMA	
Š			AN ORGANIZATI									
Governance	2	Check this box	if the organizat	ion discontinued i	its operations or	dispose	d of more	than 2	25% of its	s net a	ssets.	
o ve	3	Number of voting	members of the govern	ing body (Part VI,	line 1a)					3	1	11
ق «خ			endent voting members									11
Š			employees (Part V, line 2									6
įį			olunteers (estimate if ne							⊢—		500
Activities			ated business revenue fi								14,1	
<			siness taxable income fr									0.
									or Year		Current Year	
a	8	Contributions and	d grants (Part VIII, line 11	h)					227,5			68.
Ž			revenue (Part VIII, line 2ç		***************************************				112,7			
Š	9 10	_	ne (Part VIII, column (A),						146,5			
Œ			art VIII, column (A), lines						497,5			
			dd lines 8 through 11 (m						691,3			
			r amounts paid (Part IX,								108,10	
			or for members (Part IX,									
ø			empensation, employee l						119,1	161.	132,80	68.
Se			Iraising fees (Part IX, col			-			•			
Expenses			expenses (Part IX, colur			4,48	4.					
Ä			Part IX, column (A), lines						804,3	313.	447,5	59
			Add lines 13-17 (must eq						923,4			
	19		penses. Subtract line 18						232,			
Net Assets or Fund Balances				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					of Currer		End of Year	
캶	20	Total assets (Par	t X. line 16)						560,4			18.
ASS	21	Total liabilities (Pa	·						181,			
慧	22	•	d balances. Subtract lin						379,			
	art fl	Signature E						-	•		* 	
		Under penalties of pe	rjury, I declare that I have examination of preparer (other than office	ned this return, including	g accompanying sche	dules and	statements, a	and to the	e best of my	y knowlec	ige and belief, it is true, com	ect,
		and complete. Declar	anou or brobarer former man office	AND IS DESCU ON AN INTOIN	mation of which propa	ioi nas any	Kilowiouge.					
Sig	n											
Her	re	Signature of	officer						Date			
				10-2011 P	RESIDENT							
		Type or print	t name and title									
Pale		Preparer's			D	ate	Chi sel	eck if		Prepar (see in	rer's identifying number istructions)	
_	parer's	signature					em	ployed	<u> </u>] [
	Only	Firm's name (or yours if	ENGELBACH RO						EIN 🟲			
Ųäd	Only	self-employed), address, and	4000 CLASSEI									
		ZIP + 4	OKLAHOMA CI	ГY, ОК 73	118				Phone no	o. 🕨 (405)528-40	00
Mar	v the li	RS discuss this re	turn with the preparer s	hown above? /ser	e instructions)						X Yes	No

73-6040128 Page 2

Pai	till Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
	THE JUNIOR LEAGUE OF OKLAHOMA CITY IS AN ORGANIZATION OF WOMEN
	COMMITTED TO PROMOTING VOLUNTARISM, DEVELOPING THE POTENTIAL OF WOMEN,
	AND IMPROVING THE COMMUNITY THROUGH THE EFFECTIVE ACTION AND
	LEADERSHIP OF TRAINED VOLUNTEERS. ITS PURPOSE IS EXCLUSIVELY
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
-	If 'Yes,' describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	(Code:) (Expenses \$ 156,117 - including grants of \$ 108,164 -) (Revenue \$ 0 -)
	COMMUNITY PROJECTS AND SUPPORT:
	FOR 83 YEARS, THE JUNIOR LEAGUE OF OKLAHOMA CITY ("JLOC") HAS MARSHALED
	VOLUNTEER AND FINANCIAL RESOURCES TO MEET COMMUNITY NEEDS IN CENTRAL
	OKLAHOMA AND HAS DONATED APPROXIMATELY 1.5 MILLION VOLUNTEER HOURS (AN
	ESTIMATED \$25.5 MILLION BENEFIT) TO THE OKLAHOMA CITY COMMUNITY SINCE
	1927. THROUGHOUT ITS HISTORY, JLOC HAS CREATED AND/OR SUPPORTED MORE
	THAN 86 OF CENTRAL OKLAHOMA'S MOST VITAL NONPROFIT ORGANIZATIONS,
	INCLUDING VARIETY HEALTH CENTER, THE CHILDREN'S HOSPITAL, INFANT CRISIS
	SERVICES, OK COUNCIL FOR THE ARTS, FESTIVAL OF THE ARTS, AND THE
	OKLAHOMA CITY ZOO. TODAY, THE JLOC IS SUPPORTING, BOTH FINANCIALLY AND
	THROUGH OUR VOLUNTEERS, 17 PROJECTS DEVELOPED TO IMPROVE LITERACY IN
	THE OKLAHOMA CITY COMMUNITY. JLOC CONTRIBUTES AN ESTIMATED 16,000
4b	(Code:) (Expenses \$ 184,135 • Including grants of \$ 0 •) (Revenue \$ 19,150 •)
	MEMBERSHIP PROGRAMS AND TRAINING:
	THE JUNIOR LEAGUE OF OKLAHOMA CITY WAS FOUNDED IN 1927 AND HAS SERVED
	TO PROVIDE THE OKLAHOMA CITY COMMUNITY WITH WELL TRAINED VOLUNTEERS FOR
	THE PAST 83 YEARS. JLOC OFFERS SEVERAL TRAINING OPPORTUNITIES EACH
	YEAR TO MEMBERS AS WELL AS OTHERS IN THE COMMUNITY. THIS TRAINING
	ASSISTS JLOC VOLUNTEERS TO BECOME EFFECTIVE LEADERS IN THE COMMUNITY BY
	PROVIDING MEMBERS WITH SKILLS SUCH AS HOW TO RUN A MEETING, DEFINE
	TASKS, DELEGATE, WORK AS A TEAM, PROBLEM SOLVE, AND MANAGE PROJECTS AND
	VOLUNTEERS. THROUGHOUT THE JLOC'S HISTORY, OUR VOLUNTEERS HAVE APPLIED
	SKILLS LEARNED THROUGH JLOC TO IMPACT THE COMMUNITY THROUGH THEIR
	LEADERSHIP IN ESTABLISHED COMMUNITY AGENCIES SUCH AS HABITAT FOR
	HUMANITIES AND ALLIED ARTS OR STARTING NEW COMMUNITY AGENCIES SUCH AS
4c	(Code:) (Expenses \$ 179,891. including grants of \$ 0.) (Revenue \$ 9,437.) THE REMARKABLE SHOP:
	THE REMARKABLE SHOP IS A RESALE AND CONSIGNMENT STORE THAT HAS PROVIDED
	OKLAHOMA CITY WITH AFFORDABLE CLOTHING AND HOUSEHOLD ITEMS FOR THE PAST
	80 YEARS. IT FEATURES AN EXTENSIVE RESALE SELECTION WITH CLOTHING
	ITEMS GENERALLY PRICED AROUND \$12 OR LESS. IT HAS ALSO RECENTLY
	EXPANDED TO INCLUDE A CONSIGNMENT SECTION WHICH CARRIES A VARIETY OF
	HIGHER END DESIGNER BRANDS. WE ESTIMATE THAT SINCE 1993, THE
	REMARKABLE SHOP HAS CONTRIBUTED OVER \$1.1 MILLION IN CLOTHING AND OTHER
	ITEMS TO SELECT COMMUNITY AGENCIES THAT RELY ON JLOC FOR BOTH FINANCIAL
	SUPPORT AND TRAINED VOLUNTEERS. THE REMARKABLE SHOP ALSO SERVES AS A
	TRAINING FACILITY FOR THE JLOC'S PROVISIONAL MEMBERS. OUR MEMBERS
	PROVIDE OVER 70 HOURS EACH ANNUALLY TO HELP RUN THE REMARKABLE SHOP,
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ►\$ 520,143.

Part IV Checklist of Required Schedules

						Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A				1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?				2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to opublic office? If "Yes," complete Schedule C, Part I			r	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Sche			11	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			" …			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have t	he righ	t to				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete S	chedu	le D, P	art I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Schedule D, Part III	' comp	lete		8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X	· or or			-		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule				9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-ende			•••••	•		-
	If "Yes," complete Schedule D, Part V				10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VI as applicable	I, VIII,	X, or X	(11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complet	e Sche	odule f	······			
	Part VI.	0 00		,			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	of its to	otal				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	of its t	otal				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	report	ed in				
	Part X, line 16? If "Yes," complete Schedule D, Part IX.	•					
•	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Pa	art X.					
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that a	addres	ses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," con	nplete					
	Schedule D, Parts XI, XII, and XIII.			···	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrais					:	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b	<u> </u>	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization						l
	or entity located outside the United States? If "Yes," complete Schedule F, Part II				15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance						٠,
	located outside the United States? If "Yes," complete Schedule F, Part III				16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services or						17
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I				17	-	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on					х]
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? It			•••••	18	<u> </u>	1
19					10	[Х
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H				19 20		X
20	DIG the organization obstate one or more mosbitation in 1995 combined ochegors to					1	

Form 990 (2009) OKLAHOMA, INC. Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants 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
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
42	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			-
~~	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
				,
_	Schedule K. If "No", go to line 25	24a		-
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		 ;
6	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	26		:
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		
В	Was the organization a party to a business transaction with one of the following parties, (see Schedule L. Part IV	<u>~:</u>	*******	
•				
_	instructions for applicable filing thresholds, conditions, and exceptions):	•		***
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Ŀ
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		1	١.
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Ŀ
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30		
1	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		١.
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		:
3	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		
4	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		
5	is any related organization a controlled entity within the meaning of section 512(b)(13)?			
-	If "Yes," complete Schedule R, Part V, line 2	35		1
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		—	
•	If "Yes," complete Schedule R, Part V, line 2	36] :
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ħ
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		١.
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	– "–		
٠	Note. All Form 990 filers are required to complete Schedule O.	38	x	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				198	140
	U.S. Information Returns. Enter -0- if not applicable	1a		6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	able gaming			
	(gambling) winnings to prize winners?			. <u>1c</u>	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a		6		
Ь	if at least one is reported on line 2a, did the organization file all required federal employment tax retu	ims?		. 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cover-	ed by	this retum?	. 3a	X	
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		*************************	. 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	. 4a		X
b	If "Yes," enter the name of the foreign country:			_		
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		***************************************	. <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action'	?	. 5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi	arding	Prohibited			
	Tax Shelter Transaction?			. Бс		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
	any contributions that were not tax deductible?			. 6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were not tax deductible?			. 6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	good	s and services			
	provided to the payor?	• • • • • • • • • • • • • • • • • • • •	************************	. 7a		X
þ	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 w	vas rec	quired			
	to file Form 8282?		······································	. 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	•				
	benefit contract?			. <u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf					X
8	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?		. 7 9		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		-	. 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting of	_				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc		•			
_	at any time during the year?		***************************************	. 8	300000000000000000000000000000000000000	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?				ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			. 9b	80000000000	000000000000000000000000000000000000000
10	Section 501(c)(7) organizations. Enter:	1	I			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	105		-		
11	Section 501(c)(12) organizations. Enter:	1	l			
a	Gross income from members or shareholders	11a	ļ			
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against					
40	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	L .	1	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1	

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.

Sec	tion A. Governing Body and Management				
			fo	Yes	No
1a		11			
ь	Enter the number of voting members that are independent	11			
2	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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct superv				
	of officers, directors or trustees, or key employees to a management company or other person?		3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file		4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?	• • • • • • • • • • • • • • • • • • • •	6	X	
7a					ı
	governing body?		7a	X	
b	The state of the s		7b	X	5555555555
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r			
	by the following:				
a	The governing body?		8a	Х	
Ь			8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affilia	-			i
	and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	************	12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		12c	x	
13	Does the organization have a written whistleblower policy?		13	Х	
14	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	ent	***************************************		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
ь	Other officers or key employees of the organization		15b		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?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its partici	pation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		<u> </u>
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filled ▶OK				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	ly) available	for		
	public inspection. Indicate how you make these available. Check all that apply.				
	X Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	st policy, a	nd fina	ncial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of t THE ORGANIZATION - 405-843-5668	he organiza	ıtion: 🕨		
	1001 NW GRAND BLVD., OKLAHOMA CITY, OK 73118-6039				
			Form	990	2009

932006 02-04-10

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did r		y cu	rren			, dire	ecto			
(A) Name and Title	(B) Average			Pos	C) itioa			(D) Reportable	(E) Reportable	(F)
Haille and Title	hours	l (ci				ı app	lv)	compensation	compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANN CAMERON										
2009-2010 PRESIDENT	50.00	X		X				0.	0.	0.
JULIET GREENE										
2009-2010 PRESIDENT ELECT	25.00	X		X			<u> </u>	0.	0.	0.
BONNIE SCHWARZ										
2009-2010 FINANCIAL VP	20.00	Х		X				0.	0.	0.
ANN TRUDGEON										
2009-2010 ADMINISTRATIVE VP	15.00	X		X				0.	0.	0.
KRISTEN BROWN										
2009-2010 FUNDRAISING VP	20.00	Х		X				0.	0.	0.
SARA CROOKS										
2009-2010 BYLAWS CHAIR	15.00	Х		X				0.	0.	0.
KRIS FRANKFURT										
2009-2010 SUSTAINING ADVISOR	6.00	Х		X				0.	0.	0.
KATIE MOORE										
2009-2010 COMMUNICATIONS VP	20.00	X		X				0.	0.	0.
CRISTI REIGER										
2009-2010 COMMUNITY VP	30.00	X	_	X				0.	0.	0.
NICKI THEODORIDIS								_		
2009-2010 NOMINATING CHAIR	10.00	Х	<u> </u>	X		<u> </u>		0.	0.	0.
WHITNEY TERO				1						
2009-2010 MEMBERSHIP VP	25.00	X		Х			 	0.	0.	0.
		_					_			
							_			
				<u> </u>	_					
		_			-		ļ			
		-	-		<u> </u>	\vdash				
			l	1	l	1			I	

Pe	Section A. Officers, Directors, Tru	istees, Key Ei	mple	уее	ıs, a	nd l	ligh	est	Compensated Employ	ees (continued)	
	(A)	(B)			((C)			(D)	(E)	(F)
	Name and title	Average	١		Pos				Reportable	Reportable	Estimated
		hours	(C	heck	(all 1	that	app	yly)	compensation	compensation	amount of
		per week	400					ļ	from the	from related organizations	other compensation
		WOOK	Individual trustee or director	R			S S		organization	(W-2/1099-MISC)	
			125	Institutional trustee		8	Highest compensated employee		(W-2/1099-MISC)	(** = ***** ***************************	organization
			1	<u>8</u>		Кеуетрюрее	5 8				and related
			ğ	量	Officer	<u>5</u>	ig fine	Parties.			organizations
			Ļ	Ë	۳	_		<u> </u> "		· · · · · ·	
			┡	┞	<u> </u>						
					<u> </u>		<u> </u>	 			
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						\vdash	Г	 			
											1
1 b	Total						▶		0.	O	0.
2	Total number of individuals (including but n				ed al	bove	e) wi	no re	eceived more than \$100	.000 in reportable	
	compensation from the organization								•	,	0
											Yes No
3	Did the organization list any former officer,	director or tru	stee	, ke	y em	plo	уөө,	or t	nighest compensated er	nployee on	
	line 1a? If "Yes," complete Schedule J for s	uch individual									. з Х
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	and	d ot	her compensation from	the organization	
	and related organizations greater than \$150	0,000? If "Yes,	" co	mpie	ete S	Sche	edule	9 <i>J f</i>	for such individual	***************************************	. 4 X
5	Did any person listed on line 1a receive or a										
	the organization? If "Yes," complete Sched	ule J for such	pers	on .						*	. 5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of compe	nsation from
	the organization. NONE										
	(A) Name and business								(B)		(C)
	Name and Dusiness	address						_	Description of s	ervices	Compensation
								\dashv			
								- 1			
								\dashv			
								\dashv			
									•		
			_						11 11 11 11		
								1			
2	Total number of independent contractors (i	ncluding but r	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than	
	\$100,000 in compensation from the organi	_					0				
											Form 990 (2009)

Total revenue		n vi	Statement of Rever					73-0040	120 Page 9
2 s THE REMARKABLE SHOP b LEAGUE LINK ADVERTISIN 541800 6,783. 6,783. 6,783. 6,783. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 6,783. 5,838. 6,783. 7,832. 7,							Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,
2 s THE REMARKABLE SHOP b LEAGUE LINK ADVERTISIN 541800 6,783. 6,783. 6,783. 6,783. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 6,783. 5,838. 6,783. 7,832. 7,	윤환	1 a	Federated campaigns						
2 s THE REMARKABLE SHOP b LEAGUE LINK ADVERTISIN 541800 6,783. 6,783. 6,783. 6,783. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 6,783. 5,838. 6,783. 7,832. 7,	Ē 5	b	Membership dues						
2 s THE REMARKABLE SHOP b LEAGUE LINK ADVERTISIN 541800 6,783. 6,783. 6,783. 6,783. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 6,783. 5,838. 6,783. 7,832. 7,	S E				13,270.				
2 s THE REMARKABLE SHOP b LEAGUE LINK ADVERTISIN 541800 6,783. 6,783. 6,783. 6,783. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 5,838. 6,783. 5,838. 6,783. 7,832. 7,	اقتو								
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2 a THE REMARKABLE SHOP b LEAGUE LINK ADVERTISIN c ROOM RENTAL 532000 5,838. 5,838.		n	I TOTAL ACCIONES 12-11			390,100.			
December December		0 -	ТИТ ВЕМАВКАВТЕ	SHOD		0 /27	0 /27		
Total. Add lines 2a21 28,587 3 Investment Income (Including dividends, interest, and other similar amounts) 47,322 47	Ş.						9,437.	6 792	
Total. Add lines 2a21 28,587 3 Investment Income (Including dividends, interest, and other similar amounts) 47,322 47	Ser			DATIDIA				0,703.	5 939
Total. Add lines 2a21 28,587 3 Investment Income (Including dividends, interest, and other similar amounts) 47,322 47	E \$	ن	KOON KENTAL		332000	3,030.			3,030.
Total. Add lines 2a21 28,587 3 Investment Income (Including dividends, interest, and other similar amounts) 47,322 47	<u> </u>	-							
g Total. Add fines 2a:2f	F	f	All other program service rave	enile	900099	6.529.	6.529		
3	- 1						0/3251		
A	\dashv	3				20,00,0			
4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal b Less: rental expenses c Rental income or (joss) d Net rental income or (joss) 7 a Gross amount from sales of sassets other than inventory b Less: cost or other basis and sales expenses 384891. Gain or (joss) 30,476. d Net gain or (joss) 8 a Gross income from fundraising events (not including \$\frac{1}{3},270.\$\text{ of contributions reported on line to}. See Part IV. Inc 18 b Less: direct expenses b Less: circet expenses c Net income or (joss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold c Net income or (joss) from sales of inventory Miscellaneous Revenue Business Code 11 a HOLIDAY HAPPENINGS AD 5 41800 7, 350. 12 Total Add lines 11a-11d 7, 350. 12 Total Add lines 11a-11d 7, 7, 710, 991 15, 966 14, 133. 290, 724.				· · · · · · · · · · · · · · · · · · ·	•	47,322.			47,322.
Sea Gross Rents		4							
8 a Gross Rents b Less: central expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 384891. c Gain or (loss) 30,476. d Net gain or (loss) 5 a Gross income from fundraising events (not including \$ 13,270. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost or doods sold c Net income or (loss) from garning activities 11 a HOLIDAY HAPPENINGS AD 5 4 1800 7, 350. 12 Total revenue. See instructions. 710, 991. 15, 966. 14, 133. 290, 724.		5		•					
Description				(i) Real	(ii) Personal				
The state of the		6 a	Gross Rents						
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 8 a Gross income from fundraising events (not including \$ 13,270. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from garning activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a HOLIDAY HAPPENINGS AD 4 All other revenue a Total. Add lines 11a-11d 5 7,350. 710,991. 15,966. 14,133. 290,724.	1	b	Less: rental expenses						
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b Less: cost or other basis and sales expenses		7 a	Gross amount from sales of						
and sales expenses 384891. c Gain or (loss) 30,476. d Net gain or (loss) ▶ 30,476. 8 a Gross income from fundraising events (not including \$ 13,270. of contributions reported on line 1c). See Part IV, line 18 a 285020. c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 a b Less: cirrect expenses b c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net Income or (loss) from sales of inventory			assets other than inventory	415367.	1				
e Gain or (loss) 30,476. d Net gain or (loss)		b	Less: cost or other basis						
d Net gain or (loss)			and sales expenses						
8 a Gross income from fundraising events (not including \$ 13,270. of contributions reported on line 1c). See Part IV, line 18				· ·					
including \$ 13,270. of contributions reported on line 1c). See Part IV, line 18					······	30,476.			30,476.
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net Income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a HOLIDAY HAPPENINGS AD 541800 7,350. 7,350. 4 All other revenue Total Add lines 11a-11d 7,350. 710,991. 15,966. 14,133. 290,724.	美	b	Less: direct expenses	b	77,932.				
Part IV, line 19	٦	c	: Net income or (loss) from fund	draising events	>	207,088.			207,088.
b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a HOLIDAY HAPPENINGS AD 541800 7,350. 7,350. b C d All other revenue E Total. Add lines 11a-11d P 7,350. 12 Total revenue. See instructions. P 710,991. 15,966. 14,133. 290,724.		9 a							
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10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net Income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a HOLIDAY HAPPENINGS AD 541800 7,350. 7,350. b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. Total revenue. See instructions. Total 15,966. 14,133. 290,724.			•						
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Miscellaneous Revenue Business Code 11 a HOLIDAY HAPPENINGS AD 541800 7,350. b 7,350. c 4 All other revenue 7,350. 12 Total revenue. See instructions. 710,991. 15,966. 14,133. 290,724.	1		-		<u> </u>				
11 a HOLIDAY HAPPENINGS AD 541800 7,350. 7,350. c	ŀ								
b c d All other revenue e Total. Add lines 11a-11d	}							7 250	
c d All other revenue				MGS AD	341800	7,330.	<u> </u>	7,350.	
e Total. Add lines 11a-11d		t) ₌						
e Total. Add lines 11a-11d		C)					-	
12 Total revenue. See instructions. ▶ 710,991. 15,966. 14,133. 290,724.		-				7,350			
		12						14.133	290.724
02-04-10 Form 990 /2009\	93200 02-04		. Statisticale. Con matriculation.						Form 990 (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must complete the include amounts reported on lines 6b, 3b, 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 U.S. See Part IV, Ilne 21	108,164.	108,164.		
2	Grants and other assistance to individuals in	•	·		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	105,696.	94,051.	7,397.	4,248
8	Pension plan contributions (include section 401(k)				-
	and section 403(b) employer contributions)				
9	Other employee benefits	16,930.	13,165.	2,392.	1,373
0	Payroll taxes	10,242.	9,196.	665.	381
1	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	12,485.	9,159.	2,113.	1,213
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,691.	7,843.	1,809.	1,039
9	Other	34,359.	28,282.	3,860.	2,217
2	Advertising and promotion	81,482.	31,427.	5,642.	44,413
3	Office expenses	12,521.	6,679.	5,381.	461
4	Information technology	3,770.	2,766.	638.	366
5	Royalties				
6	Occupancy	61,963.	51,143.	6,990.	3,830
7	Travel	15,511.	15,511.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	64,700.	50,387.	14,313.	
:0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	59,200.	47,116.	7,676.	4,408
3	Insurance		***************************************		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below.)	52,364.	37,640.	14,724.	
a b	MISTLETOE MARKET	26,178.	0.	26,178.	0
_	CREDIT CARD USAGE FEES	11,668.	7,018.	4,141.	509
C	CILIDATA GIRLO GOLIGIO L'ELIO	22,000.	,,0101	-,	
d					
e f	All other expenses	667.	596.	45.	26
25	Total functional expenses. Add lines 1 through 24f	688,591.	520,143.	103,964.	64,484
26 26	Joint costs. Check here if following	,	,		,
LV	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		

Form 990 (2	2009)		(
Part X	Balance	Sheet	

				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			662,169.	1	
2	Savings and temporary cash investments				2	231,125
3	Pledges and grants receivable, net		***************************************		3	
4	Accounts receivable, net				4	
5	Receivables from current and former officers, di	irectors, tri	ustees, key			
	employees, and highest compensated employe	es. Compl	ete Part II			
	of Schedule L				5	
6	Receivables from other disqualified persons (as					
İ	4958(f)(1)) and persons described in section 499		•			
	Part II of Schedule L				6	
7	Notes and loans receivable, net		7			
8	Inventories for sale or use			8		
9	Prepaid expenses and deferred charges				9	4,520
10a	Land, buildings, and equipment: cost or other		0 010 705			
	basis. Complete Part VI of Schedule D			1 000 100		
1	Less: accumulated depreciation				10c	1,762,988
11	Investments - publicly traded securities			954,819.		1,584,635
12	Investments - other securities. See Part IV, line		12	105,541		
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets		14	10 000		
15	Other assets. See Part IV, line 11			123,298.	15	10,909
16	Total assets. Add lines 1 through 15 (must equ	3,560,472. 181,172.		3,699,718		
17	Accounts payable and accrued expenses		17	3,992		
18	Grants payable		18	202,723		
20	Deferred revenue				20	202,123
21	Escrow or custodial account liability. Complete				21	
22	Payables to current and former officers, director				21	
-	highest compensated employees, and disqualifi					
	of Schedule L	-	-		22	
23	Secured mortgages and notes payable to unrele				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities. Complete Part X of Schedule D				25	
26						206,715
	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
	lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets			3,303,070.	27	3,386,866
28	Temporarily restricted net assets				28	596
29	Permanently restricted net assets			76,230.	29	105,541
	Organizations that do not follow SFAS 117, c	heck here	e ▶ 🔲 and			
	complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds		30			
31	Paid-in or capital surplus, or land, building, or ed				31	
32	Retained earnings, endowment, accumulated in	ncome, or	other funds		32	
33	Total net assets or fund balances			3,379,300.		3,493,003
34	Total liabilities and net assets/fund balances .			3,560,472.	34	3,699,718

Form 990 (2009)

OKLAHOMA, INC. Form 990 (2009)

8.86	RIVAL FINANCIAI Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
þ	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	***************************************		8100000000000
	Act and OMB Circular A-133?	3a	•	Х
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

932012 02-04-10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

2009 Open to Public

Name of the organization

JUNIOR LEAGUE OF OKLAHOMA CITY,

Employer identification number

OKLAHOMA, INC. 73-6040128 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a L Type I b Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) h Provide the following information about the supported organization(s). (iii) Type of (vi) is the organization in col. (i) organized in the (iv) is the organization (v) Did you notify the (I) Name of supported (II) EIN (vii) Amount of organization in col. (I) listed in your organization in col. organization support (described on lines 1-9) governing document? (I) of your support? above or IRC section (see instructions)) Yes Yes

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Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3	***************************************	***************************************	***************************************	***************************************		
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						
ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources			,			
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain					· ·	
•		·				
or loss from the sale of capital						
assets (Explain in Part IV.)						
		,				
2 Gross receipts from related activities	•	•			12	
3 First five years. If the Form 990 is fo		,,	-,,	.,,	55 1(5)(5)	
organization, check this box and storection C. Computation of Publ	ic Support Pa	rcentane			***************************************	
					44	
4 Public support percentage for 2009 (14	
5 Public support percentage from 2008						
Ba 33 1/3% support test - 2009.If the c	_					
stop here. The organization qualifies						
b 33 1/3% support test - 2008. If the c	_				•	
and stop here. The organization qua						
7a 10% -facts-and-circumstances tes						•
and if the organization meets the "fac				•	-	
meets the "facts-and-circumstances"		-		_		
b 10% -facts-and-circumstances tes	_				•)% or
more, and if the organization meets t	he "facts-and-circu	imstances" test. c	heck this hox and	ston here. Explain	in Part IV how the	
more, and it the organization moots t			HOOK UIIS DOX MIN	otop note: Depar		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Section A. Public Support	r Organizations	Described in	Section Susta	/(Complete only	if you checked the b	ox on line 9 of Part I.)	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1 Gifts, grants, contributions, and	(a) 2000	(0) 2000	(0) 2007	(4) 2008	(6) 2009	(i) Total	
membership fees received. (Do not		·		1			
include any "unusual grants.")		242,672.	224,475.	445,123.	390,168.	1,564,288.	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	429,671.	517,744.	510,929.	497,551.	15,966.	1,971,861.	
3 Gross receipts from activities that are not an unrelated trade or bus-							
iness under section 513				<u>L</u> .	290,858.	290,858.	
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5	691,521.	760,416.	735,404.	942,674.	696,992.	3,827,007.	
7a Amounts included on lines 1, 2, an 3 received from disqualified persor						0.	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c Add lines 7a and 7b						0.	
8 Public support (Subtract line 7c from line 6.)						3,827,007.	
Section B. Total Support							
Calendar year (or fiscal year beginning in)		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9 Amounts from line 6	691,521.	760,416.	735,404.	942,674.	696,992.	3,827,007.	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	72,785.	68,446.	57,661.	<251363.	> 47,322.	· · · · · · · · · · · · · · · · · · ·	
b Unrelated business taxable income			•				
(less section 511 taxes) from businesse acquired after June 30, 1975							
c Add lines 10a and 10b		68,446.	57,661.	<251363.	> 47.322.	<5,149.	
11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on			.,,		37,022	37273	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13 Total support (Add lines 9, 10c, 11, and 12.		828,862.	793,065.	691,311.	744,314.	3,821,858.	
14 First five years. If the Form 990 is check this box and stop here						zation,	
Section C. Computation of Pu							
15 Public support percentage for 200			column (f))		15	100.13 %	
16 Public support percentage from 20					16	99.40 %	
Section D. Computation of Inv					T	.00 %	
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)							
18 Investment income percentage fro					18	.60 %	
19a 33 1/3% support tests - 2009. If t more than 33 1/3%, check this box	and stop here. The	organization quali	fies as a publicly s	supported organiza	ation	> X	
b 33 1/3% support tests - 2008. If the 18 is not more than 33 1/3%						. —	
line 18 is not more than 33 1/3%, a 20 Private foundation. If the organization		_		his box and see in	structions	<u></u>	
				Sch	redule A (Form 99	0 or 990-EZ) 2009	

Schedule D

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

JUNIOR LEAGUE OF OKLAHOMA CITY, OKLAHOMA, INC.

Employer identification number 73-6040128

æ	đ.	Organizations Maintaining Donor Advise	d Funds or Otl	ner Similar Fun	ds or Accou	Ints. Complete if the
		organization answered "Yes" to Form 990, Part IV, line				
			(a) Donor a	dvised funds	(b) Fund	ds and other accounts
1	Total n	umber at end of year				
2	Aggreg	gate contributions to (during year)				
3	Aggreg	gate grants from (during year)				
4	Aggreg	gate value at end of year				
5	Did the	organization inform all donors and donor advisors in v	writing that the ass	ets held in donor ad	vised funds	
	are the	organization's property, subject to the organization's	exclusive legal con	trol?		Yes No
6	Did the	organization inform all grantees, donors, and donor a	dvisors in writing th	nat grant funds can b	e used only	
	for cha	ritable purposes and not for the benefit of the donor o	r donor advisor, or	for any other purpos	se conferring	
		nissible private benefit?				Yes No
20	rt II	Conservation Easements. Complete if the org	janization answered	d "Yes" to Form 990	, Part IV, line 7.	
1	Purpos	se(s) of conservation easements held by the organization	on (check all th <u>at a</u>	pply).		
	اليا	Preservation of land for public use (e.g., recreation or p	leasure)	Preservation of an	nistorically impo	ortant land area
	الييا	Protection of natural habitat		Preservation of a co	ertified historic s	structure
	الـــا	Preservation of open space				
2	Compl	ete lines 2a through 2d if the organization held a qualif	ied conservation co	ontribution in the for	m of a conserva	ation easement on the last
	day of	the tax year.				
						Held at the End of the Tax Year
a	Total n	umber of conservation easements		*******************************	2a	
b				••••••		
C		er of conservation easements on a certifled historic stru				
d	Numbe	er of conservation easements included in (c) acquired a	after 8/17/06	•••••	2d	
3	Numbe	er of conservation easements modified, transferred, rel	eased, extinguishe	d, or terminated by t	he organization	during the tax
	year 🕨					
4	Numbe	er of states where property subject to conservation eas	sement is located	·	_	
5	Does t	he organization have a written policy regarding the per	iodic monitoring, in	spection, handling o	of	<u></u>
	violatio	ons, and enforcement of the conservation easements it	tholds?			Yes No
6	Staff a	nd volunteer hours devoted to monitoring, inspecting,	and enforcing cons	servation easements	during the year	r >
7		at of expenses incurred in monitoring, inspecting, and ϵ				\$
8	Does e	each conservation easement reported on line 2(d) abov	e satisfy the requir	ements of section 1	70(h)(4)(B)(i)	
		ction 170(h)(4)(B)(ii)?				
9		XIV, describe how the organization reports conservation				The state of the s
	include	e, if applicable, the text of the footnote to the organizat	ion's financial state	ements that describe	s the organizat	ion's accounting for
900009000		vation easements.				
		Organizations Maintaining Collections of			Other Simil	ar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.			
1a		organization elected, as permitted under SFAS 116, no	,			,
		res, or other similar assets held for public exhibition, ec		ch in furtherance of p	oublic service, p	provide, in Part XIV, the text of
_		otnote to its financial statements that describes these i				
þ		organization elected, as permitted under SFAS 116, to	•			- · · · · · · · · · · · · · · · · · · ·
		er similar assets held for public exhibition, education, o	r research in furthe	rance of public serv	ice, provide the	following amounts relating to
	these i				_	_
		evenues included in Form 990, Part VIII, line 1				\$
_		sets included in Form 990, Part X				\$
2		organization received or held works of art, historical tree			cial gain, provid	0
		lowing amounts required to be reported under SFAS 1			_	•
a		ues included in Form 990, Part VIII, line 1				\$
ь	Assets	included in Form 990, Part X				>

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Schedule D (Form 990) 2009

	dule D (Form 990) 2009 UKLAHOM							<u>504012</u>		
	TIII Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	following tha	ıt are a signi	ficant use of	its collection	on item	18
	(check all that apply):									
a	Public exhibition	d		Loan or exc	hange progra	ams				
ь	Scholarly research	e		Other						
C	Preservation for future generations									
4	Provide a description of the organization's of	ollections and explain	how th	ney further ti	he organizati	on's exempt	purpose in	Part XIV.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							Yes		No
Pa	t IV Escrow and Custodial Arran									
********	reported an amount on Form 990, Pa			,			00,1 011,1,1			
1a	Is the organization an agent, trustee, custod	******	iary for	contribution	s or other as	sets not inc	luded			
	on Form 990, Part X?		-					Yes		No
ь	If "Yes," explain the arrangement in Part XIV				••••••	**************	•••••			
-		and domplote the for	io wang			ĺ	· · · · · ·	Amour		
c	Beginning balance						4.	Amour	<u></u>	
ď	Additions during the year					,	1c			
e	Distributions during the year									
f	Ending balance						· I			
	Did the organization include an amount on F						_1f		<u></u>	٦
			ZI			****************	••••••	Yes	Ц_	_ No
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete i			"Voo" to Fo	000 David	N/ fine 40				
S. S. L.	Lindowinett i unus. Complete						-			
4	Decision of wear below-	(a) Current year 1080801.	(D) P	rior year	(C) I WO Year	rs dack (di)	Three years ba	ick (e) Fou	r years	back
1a		1000001.								
b	Contributions	158,951.		· :						
C.	Net investment earnings, gains, and losses	130,931.								
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses	1220752								
9	End of year balance	1239752.								
2	Provide the estimated percentage of the year									
a	Board designated or quasi-endowment	91.49	_%							
b	Permanent endowment ► 8.51	%								
-		%								
3а	Are there endowment funds not in the posse	ession of the organiza	tion tha	at are held a	nd administe	red for the c	organization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations	***************************************		••••••	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	3a(ii)		X
Ь	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Sched	dule R?			•••••	3b		<u> </u>
4	Describe in Part XIV the intended uses of the									
	1 VI Investments - Land, Building	s, and Equipme	nt. Se	e Form 990	, Part X, line	10.				
	Description of investment	(a) Cost or ot			or other	(c) Accur	mulated	(d) Boo	k valu	е
		basis (investm	ent)		(other)	depred	iation			
	Land				0,367.					<u>67.</u>
b	Buildings			1,37	1,266.	18	7,505.	1,18	3,7	61.
c	Leasehold improvements									
d	Equipment			28	1,072.	26	2,212.	1	8,8	60.
	Other			:						
Total	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	O(c).)			1,76	2,9	88.

Schedule D (Form 990) 2009

$\Delta t T$	7 TT/)MA.	INC.
CIKI	. A M [) M Δ	I NIC.

Part VII Investments - Other Securities. Sec	Form 990, Part X, line	 12.		O TO TO THE STATE OF THE STATE
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuest or end-of-year ma	
Financial derivatives				
Closely-held equity interests				
Other				
	. , ,			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	e Form 990. Part X. line	13.		
		T .	(c) Method of valu	ation:
(a) Description of investment type	(b) Book value	Cos	st or end-of-year ma	
			<u> </u>	
	·			
				· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶				
Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
				(D) DOOR TOLOG
T. 1.1 (O.1	dE)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, 1			>	
(a) Depariation of liability	IIII 0 23.	(b) Amount		
		(b) Amount		
Federal income taxes				
Maria (1997)	· ·			
		.		
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)			

2. FIN 48 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. 932053 02-01-10

Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financ	cial Sta	atement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			10,991.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			88,591.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			22,400.
4	Net unrealized gains (losses) on investments	********		4			91,303.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			91,303.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		1	13,703.
	Reconciliation of Revenue per Audited Financial Statemer						NEO 206
1	Total revenue, gains, and other support per audited financial statements	••••••		•••••	1		350,286.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ایما	a	1 20	2		
8	Net unrealized gains on investments	2a 2b	<u> </u>	1,30: 7,99:	3.		
b	Donated services and use of facilities		4	1,33.	 		
9	Recoveries of prior year grants Other (Describe in Bort XIV.)						
d	Other (Describe in Part XIV.)					1	39,295.
3	Add lines 2a through 2d						10,991.
4	Subtract line 2e from line 1				3		10,331.
a	Investment expenses not included on Form 990, Part VIII, line 12.	امدا					
b	Other (Describe in Part XIV.)	$\overline{}$	· · · · · · · · · · · · · · · · · · ·				
c	Add lines 4a and 4b			··· <u>.</u>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					7	10,991.
	* XIII Reconciliation of Expenses per Audited Financial Stateme						10/3316
1	Total expenses and losses per audited financial statements						36,583.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•••••					
_ a	Donated services and use of facilities	2a	4	7,99	2.		
b	Prior year adjustments						
C	Other losses						
d	Other (Describe in Part XIV.)						
е	Add lines 2a through 2d				2e		47,992.
3	Subtract line 2e from line 1					6	88,591.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
a	Investment expenses not included on Form 990, Part Vill, line 7b	4a					
þ	Other (Describe in Part XIV.)	4b					
	Add lines 4a and 4b	_			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					6	88,591.
Pa	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,						
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple					informat	lon.
PAF	RT X: THE LEAGUE EVALUATES AND ACCOUNTS FOR	TH	EIR UN	CERT	AIN		
m * *	TOCOMICS IN AUG IN ACCOMMANDE NUMBER ACC		DTG 74	Λ II ·	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	- mai	75011
TAZ	POSITIONS, IF ANY, IN ACCORDANCE WITH ASC	TO.	PIC /4	U, ".	INCOM.	E TAA	KES",
INC	LUDING THE LEAGUE'S TAX POSITION AS A TAX-	EXE	MPT NO	T-FO	R-PRO	FIT E	ENTITY.
THE	ROUGH THE LEAGUE'S EVALUATION OF ITS UNCERT	'AIN	TAX P	OSIT	ions,	MANA	AGEMENT
HAS	DETERMINED NO UNCERTAIN TAX POSITIONS EXI	ST	AS OF	MAY	31, 2	010,	WHICH
<u>vov</u>	JLD REQUIRE THE LEAGUE TO RECORD A LIABILIT	Y I	N ITS	FINA	NCIAL		
<u>ST</u> 2	ATEMENTS. THE LEAGUE'S FORM 990 FILINGS FO	R T	HE YEA	RS E	NDED I	MAY 3	31,
200	07, 2008, AND 2009 REMAIN SUBJECT TO EXAMIN	IATI(ON BY	THE			REVENUE orm 990) 2009

JUNIOR LEAGUE OF OKLAHOMA CITY,

Schedule D (Form 990) 2009 OKLAHOMA, INC.	73-6040128 Page 5
Schedule D (Form 990) 2009 OKLAHOMA, INC. Part XIV Supplemental Information (continued)	
SERVICE.	
	10
	• "
	· w

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service 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.

20047

Open To Public Inspection

Name of the organization

JUNIOR LEAGUE OF OKLAHOMA CITY,

Employer identification number

OKLAHOM	A, INC.				73-6040	128		
Fundraising Activities required to complete this par	Complete if the organization answ t.	ered "\	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individua cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra I (includer profess	non-g gover ising o ting o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes			
(i) Name of individual or entity (fundraiser)	(II) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No					
Fotal	on is registered or licensed to solicit		or has	been notified it is ex	empt from registrati	on or licensing.		

932081 02-03-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

OKLAHOMA, INC. Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		CIT CITI COO EE, III O COI. Elot Of CITIO WATE	grood roccipita groater (Ιαι ψομου.		
			(a) Event #1 MISTLETOE	(b) Event #2 CHILI FOR	(c) Other events NONE	(d) Total events (add col. (a) through
			MARKET	LITERACY		col. (c))
ş			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	265,798.	16,980.		282,778.
	2	Less: Charitable contributions	13,270.			13,270.
	3	Gross income (line 1 minus line 2)	252,528.	16,980.		269,508.
	4	Cash prizes				
uses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	53,413.			53,413.
Direct	7	Food and beverages	7,414.	9,230.	· , ,	16,644.
	8	Entertainment	170.			170 -
	9	Other direct expenses		2,270.		170. 6,106.
	10	Direct expense summary. Add lines 4 through			<u> </u>	(76,333)
	11	Net income summary. Combine line 3, colum	n (d), and line 10			193,175.
		Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	,			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add coi. (a) through col. (c))
- Be	1	Gross revenue				
ses	2	Cash prizes			4 · · · · · · · · · · · · · · · · · · ·	
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No		Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	()
	8	Net gaming income summary. Combine line	1, column (d), and line 7)	
9	E~4	ter the state(s) in which the organization opera	too gaming estivities:			Yes No
-		he organization licensed to operate gaming ac		etates?		00
		No," explain:	MANUGO III GACII OI (11696 :	states :	•••••	9a
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	/ear?	10a
		Yes, explain:			•	
	_					
11		es the organization operate gaming activities v				11
12		he organization a grantor, beneficiary or truste minister charitable gaming?	ee of a trust or a member	of a partnership or other	r entity formed to	12

JUNIOR LEAGUE OF OKLAHOMA CITY,

Sch-	edule G (Form 990 or 990-EZ) 2009 OKLAHOMA, INC.	73-	<u> 5040128</u>	Page	3
				es N	
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	13a	%		
	An outside facility		%		
	Enter the name and address of the person who prepares the organization's gaming/special events books				
	Name				
			-		
	Address ►				
			-		
15a	Does the organization have a contract with a third party from whom the organization receives gaming reve	anue?	15a	000000100000	200000
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and	d the amount			
	of gaming revenue retained by the third party > \$				
C	If "Yes," enter name and address of the third party:				▓
	,,				
	Name ►				
	Address ►				
			-		
16	Gaming manager information:				
•					
	Name ►				▓
			—		▓
	Gaming manager compensation > \$				
	Description of services provided				
			—		***
		·····	-		▓
					
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	s is the organization required under state law to make charitable distributions from the gaming proceeds to				
_	retain the state gaming license?		17a		33535
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations				
	organization's own exempt activities during the tax year > \$	or about in tile			
	erganisation o onti exempt detented during the text focal of		#20003000000000000000000000000000000000	30000 B3000	6333

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 980, Part IV, line 21 or 22.

▶ Attach to Form 990. Name of the organization JUNIOR LEAGUE OF OKLAHOMA CITY,

General Information on Grants and Assistance

Parti

INC

OKLAHOMA,

Employer identification number 73-6040128 Open to Public Inspection

1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	_) ; Г
criteria used to award the grants of assistance? 2 Describe in Part IV the organization's procedures for	stance? ocedures for moni	toring the use of grant	funds in the United	l States.			√ Yes	Ž
Park III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es to Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000. Check this	s box if no one recipien	it received more tha	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed ▶	
1 (a) Name and address of organization or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
					•		TO SPONSOR A KIOSK FOR	8
THE OKLAHOMA HISTORY CENTER							DISPLAY IN THE OKLAHOMA	SMC SMC
800 MAZIH ZUHDI DRIVE							HISTORY CENTER THAT	
OKLAHOMA CITY, OK 73105	73-6017987	501(C)(3)	12,000.	0.			ILLUSTRATES THE	
THE CHILDRENS HOSPITAL AT OU						BOOKS, GANES,	NO PRICE FUNDING POR	80
MEDICAL CENTER - 1200 NORTH						MOVIES, TOYS,	THE CHILDREN'S HOSPITAL'S	TAL 'S
EVERETT DRIVE - OKLAHOMA CITY, OK						TRANSFER	NEW FAMILY AREA, "THE	M
73101	23-7356912	501(C)(3)	24,653.	7,590.	FIXV	CHILDRENS	ZONE", AND TO PROVIDE	м
							TO PROMOTE LITERACY	
BOYS & GIRLS CLUBS OF OKLAHOMA							IMPROVEMENT AND CULTIVATE	IVATE
COUNTY - PO BOX 18701 - OKLAHOMA						BOOKS, GAMES,	AN OVERALL EXCITEMENT FOR	r FOR
CITY, OK 73154	73-1472202	501(C)(3)	0.	5,826,FWV	'M'V	CRAFTS, SNACKS	READING THROUGH OUR BOYS	BOYS
						BACKPACKS,	TO PROVIDE NEW BACKPACKS	ACKS
CITIZENS CARING FOR CHILDREN						BOOKS, SCHOOL	AND SCHOOL SUPPLIES TO	2
730 W. WILSHIRE CREEK BLVD.						SUPPLIES, GIFTS,	SUPPLIES, GIFTS, ELIGIBLE FOSTER CARE	
OKLAHOMA CITY, OK 73116	73-1230194	501(C)(3)	250.	23,208,FMV	THEV	CRAFTS, GAMES,	CHILDREN IN THE OKLAHOMA	HOPCA
	-							•
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other constitutions	nd government on	ganizations					A	4.
4					***************************************			
[HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 SEE PART IV FOR COLUMNS (G) AND (H)	ction Act Notice, IV FOR CO	see the Instructions f LUMNS (G) A	(G) AND (H) DES	O. DESCRIPTIONS	70		Schedule I (Form 990) 2009	2009
932101 02-02-10			28					

JUNIOR LEAGUE OF OKLAHOMA CITY, OKLAHOMA, INC.

Page 2

73-6040128

Schedule | (Form 990) 2009 OKLAHOMA, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the informatio	n required in Part I,	line 2, and any other	additional information.	
PART II, LINE 1, COLUMNS (G) AND ((H):				
NAME OF ORGANIZATION OR GOVERNMENT:	THI	E OKLAHOMA HIS	HISTORY CENTER	8	
(H) PURPOSE OF GRANT OR ASSISTANCE:	P	SPONSOR A KIOSK	SK FOR DISPLAY	PLAY IN	
THE OKLAHOMA HISTORY CENTER THAT I	ILLUSTRATES	THE	SIGNIFICANCE	OF WOMEN IN	
OLUNTARISM OVER THE YEARS AND THE	IMPACT THE		JUNIOR LEAGUE OF OKLAHOMA	OKLAHOMA	
ITY HAS HAD ON THE OKLAHOMA CITY	AREA COM	COMMUNITY DURING ITS		83 YEAR	
I STORY.					

NAME OF ORGANIZATION OR GOVERNMENT:

932102 02-02-10

29

Part IV Supplemental Information THE CHILDRENS HOSPITAL AT OU MEDICAL CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: BOOKS, GAMES, MOVIES, TOYS, TRANSFER CHILDRENS ARTWORK TO CANVAS FOR DISPLAY (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDING FOR THE CHILDREN'S HOSPITAL'S NEW FAMILY AREA, "THE ZONE", AND TO PROVIDE FAMILY FRIENDLY ACTIVITIES FOR HOSPITALIZED PATIENTS AND THEIR FAMILIES THROUGH OUR "FAMILY FUN IN THE ZONE" PROGRAM. NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF OKLAHOMA COUNTY (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE LITERACY IMPROVEMENT AND CULTIVATE AN OVERALL EXCITEMENT FOR READING THROUGH OUR "BOYS & GIRLS CLUB CHILD LITERACY" PROGRAM. NAME OF ORGANIZATION OR GOVERNMENT: CITIZENS CARING FOR CHILDREN (G) DESCRIPTION OF NON-CASH ASSISTANCE: BACKPACKS, BOOKS, SCHOOL SUPPLIES, GIFTS, CRAFTS, GAMES, PIZZA, CAKE, FAVORS (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE NEW BACKPACKS AND SCHOOL SUPPLIES TO ELIGIBLE FOSTER CARE CHILDREN IN THE OKLAHOMA CITY METRO AREA THROUGH OUR "BACK TO SCHOOL" PROGRAM. TO CELEBRATE THE BIRTHDAYS OF CHILDREN TEMPORARILY LIVING IN THE PAULINE MAYER SHELTER DURING THEIR BIRTHDAY MONTH THROUGH OUR "PAULINE MAYER SHELTER BIRTHDAY PARTIES" PROGRAM. TO PROVIDE CHRISTMAS GIFTS TO FOSTER CHILDREN THROUGH OUR "SANTA STOP" VARIETY PACK PROGRAM.

SCHEDULE M (Form 990)

Noncash Contributions

Yes" on Form

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Name of the organization JUNIOR

JUNIOR LEAGUE OF OKLAHOMA CITY, OKLAHOMA, INC.

Employer identification number 73-6040128

Pa	t Types of Property				, , ,	-0040126	_
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	(d) determining enues	
1	Art - Works of art				***		
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications	X		300.	FMV		
5	Clothing and household goods	X		175,897.	FMV		
6	Cars and other vehicles						
7	Boats and planes				·		
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate · Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (AUCTION ITEMS)	Х	7	2,260.	FMV	•	
26	Other ► (GOODIE BAGS)	Х	2	1,650.	FMV		
27	Other (SHOPPING BAGS)	X	1	1,500.	FMV		
28	Other ► (GIFT WRAP)	Х	1	50.	FMV		
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	contributions			
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowlede	gment 29			
						Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	oorted in Part I, lines 1-28 th	at it must hold for		
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exen	npt purposes for		
	the entire holding period?			***************************************		30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	. 31	X
32a	Does the organization hire or use third parties contributions?		•			32a	х
b	if "Yes," describe in Part II.						
33	If the organization did not report revenues in o	column (c) fo	r a type of propert	y for which column (a) is che	icked,		
_	describe in Part II.						
LHA		Act Notice	, see the Instruct	ions for Form 990.	Schedule	M (Form 990) 2	2009

932141

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JUNIOR LEAGUE OF OKLAHOMA CITY, OKLAHOMA, INC.

Employer identification number 73-6040128

73-0040126
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPING THE POTENTIAL OF WOMEN AND IMPROVING THE COMMUNITY THROUGH
THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS. ITS PURPOSE
IS EXCLUSIVELY EDUCATIONAL AND CHARITABLE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL AND CHARITABLE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
VOLUNTEER SERVICE HOURS (VALUED AT \$272,000) TO THE COMMUNITY EACH
YEAR. COMMUNITY PARTNERS SERVED THIS YEAR INCLUDE CITIZENS CARING FOR
CHILDREN, BOYS & GIRLS CLUBS OF OKLAHOMA COUNTY, PAULINE MAYER SHELTER,
YWCA, THE CHILDREN'S HOSPITAL, YOUTH SERVICES OF OKLAHOMA COUNTY, THE
REGIONAL FOOD BANK, AND THE OKLAHOMA CITY ZOO.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
INFANT CRISIS CENTER AND REBUILDING TOGETHER. JLOC PROVIDES MEMBERS
AND OTHERS IN THE COMMUNITY WITH INFORMATION ABOUT OUR PROJECTS,
MEMBERS, TRAINING OPPORTUNITIES, AND THE POSITIVE EFFECT OF OUR SERVICE
TO OTHERS THROUGH OUR LEAGUE LINK MAGAZINE, JLOC WEBSITE, FACEBOOK
PAGE, AND WEEKLY EMAILS. ADDITIONALLY, JLOC RECOGNIZES THE POSITIVE
IMPACT OF OUR MEMBERS IN THE COMMUNITY AT AN ANNUAL LUNCHEON EACH
SPRING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AND BY DOING SO, LEARN TO BE RELIABLE, WORK WELL WITH OTHERS, AND SERVE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
920-03-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

JUNIOR LEAGUE OF OKLAHOMA CITY, OKLAHOMA, INC.

Employer identification number 73-6040128

OUR COMMUNITY. THE TRAINING AND EDUCATION AFFORDED BY THE REMARKABLE

SHOP ENABLES MEMBERS TO BECOME MORE EFFECTIVE COMMUNITY VOLUNTEERS.

THE REMARKABLE SHOP IS OPEN TO THE PUBLIC FROM 10 AM UNTIL 5 PM, MONDAY

THROUGH SATURDAY AND UNTIL 6 PM ON THURSDAYS.

FORM 990, PART VI, SECTION A, LINE 6: PROVISIONAL: PROVISIONAL MEMBERS ARE THOSE ENGAGED IN COMPLYING WITH THE REQUIREMENTS FOR ADMISSION TO ACTIVE MEMBERSHIP AND ARE NOT ELIGIBLE TO HOLD OFFICE OR VOTE, EXCEPT IN ACTIVE MEMBERS HAVE COMPLETED PROVISIONAL OR COMMITTEE MEETINGS. **ACTIVES:** THE REQUIREMENTS FOR PROVISIONAL MEMBERSHIP, BEEN ADMITTED TO ACTIVE MEMBERSHIP, AND JUSTIFY THAT MEMBERSHIP BY DEMONSTRATING VOLUNTEER SERVICE THE LEAGUE AND COMMUNITY. ACTIVE MEMBERSHIP MAY CONTINUE UNTIL THE END THE FISCAL YEAR IN WHICH SHE ATTAINS THE AGE OF 60. SUSTAINING: SUSTAINING MEMBERS HAVE REACHED THE AGE OF 40, HAVE COMPLETED FOUR OR MORE YEARS OF ACTIVE SERVICE, AND CONTINUE TO SUPPORT THE LEAGUE AND COMMUNITY. EMERITUS MEMBERSHIP IS GRANTED TO ANY SUSTAINING MEMBER WHO HAS REACHED THE AGE OF 80 YEARS.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT A 12 PERSON

NOMINATING COMMITTEE FROM A SLATE OF 24 NAMES. THE NOMINATING COMMITTEE

SLATES THE OFFICERS OF THE LEAGUE. ACTIVE MEMBERS VOTE ON THE SLATE OR MAY

PROPOSE AN ALTERNATIVE SLATE OF OFFICERS OF THE LEAGUE AT THE GENERAL

MEMBERSHIP MEETING NO LATER THAN APRIL OF EACH YEAR. NEW OFFICERS ARE

RECOGINIZED AT THE LEAGUE'S ANNUAL MEETING IN MAY AND ASSUME OFFICE ON THE

FIRST DAY OF THE LEAGUE'S NEW FISCAL YEAR FOR A TERM OF ONE YEAR.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

JUNIOR LEAGUE OF OKLAHOMA CITY, OKLAHOMA, INC.

Employer identification number 73-6040128

FORM 990, PART VI, SECTION A, LINE 7B: ALL ACTIVE MEMBERS HAVE THE RIGHT

TO APPROVE MATTERS RELATING TO ANY MULTIPLE SLATED ELECTIONS, THE ANNUAL

BUDGET, ANY OBLIGATION BINDING ON THE ENTIRE GENERAL MEMBERSHIP, ANY

CHANGES PERTAINING TO ADMISSIONS, ANY AMENDMENTS TO THE BYLAWS OR

CERTIFICATE OF INCORPORATION OR ANY OTHER ISSUES DEEMED NECESSARY BY THE

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: IT IS THE JUNIOR LEAGUE OF OKLAHOMA CITY, OKLAHOMA, INC.'S POLICY THAT THE BOARD OF DIRECTORS REVIEW THE IRS FORM 990 FILED ON THE ORGANIZATIONS BEHALF BEFORE IT IS OFFICIALLY FILED WITH THE IRS. A BOARD RESOLUTION IS REQUIRED TO ACCEPT THE IRS FORM 990 AS PRESENTED IN ORDER FOR THE FORM 990 TO BE FILED.

THE MEANS OF DELIVERY SHALL BE IN HARD COPY, MAILED TO EACH BOARD MEMBER'S

MAILING ADDRESS OR VIA E-MAIL TO EACH BOARD MEMBER'S E-MAIL ADDRESS OF

RECORD.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST

STATEMENTS ARE COMPLETED BY THE INCOMING BOARD OF DIRECTORS IMMEDIATELY

UPON BEING SLATED FOR THEIR POSITION. THE PRESIDENT COMMUNICATES THE NEED

TO UPDATE THESE STATEMENTS AS NECESSARY THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION C, LINE 19: THE AUDITED FINANCIAL STATEMENTS

ARE POSTED ON OUR WEBSITE AND ARE ALSO AVAILABLE UPON REQUEST. THE

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

REQUEST.

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SCHEDULE O

Supplemental Information to Form 990

(Form 990)

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service JUNIOR LEAGUE OF OKLAHOMA CITY, Name of the organization **Employer identification number** OKLAHOMA, INC. 73-6040128 FORM 990, PART XI, LINE 2C THE FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE AUDITOR.

Form	√990-T	E	xempt Orga	nization Bus	ine	ss income	e Ta	x Return	ı F	OMB No. 1545-0687
Depa	rtment of the Treasury at Revenue Service (77)	For		and proxy tax und				v 2 1 20	10	QUUY Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if	1010		Check box if name c				1 31, 20	D Emplo	yer Identification number
	address changed			SUE OF OKLAH			is.)		(Empl	oyees' trust, see instructions ock D on page 9.)
ВЕ	xempt under section	Print	OKLAHOMA, 1						7	3-6040128
X	501(C)(3)	Or	Number, street, and roo	m or suite no. If a P.O. box	x, see pa	age 8 of instruction	s.		E Unreis	ited business activity codes
	408(e)220(e)	Type	1001 NW GRA	AND BLVD.	•				on bat	nstructions for Block E gs 9.)
	408A 530(a)		City or town, state, and					,	1	
	529(a)			TY, OK 731		6039			541	800
C Bo	ook value of all assets end of year			instructions for Block F.)						
	,699,718.	G Checi	k organization type 🟲	X 501(c) corporation	n L	501(c) trust	L	401(a) trust	L	Other trust
	·	l π'e nzim	ary unrelated business ac	thriby S	RE :	STATEMENT	1 1			
				affiliated group or a parei	_			▶ [Ye	s X No
			tifying number of the pare		0000	anary controlled gre				3 22 110
			THE ORGANIZA			Т.	elephon	e number > 4	05-	843-5668
	rt I Unrelate	d Trac	de or Business In	come		(A) Income		(8) Expenses		(C) Net
1 a	Gross receipts or sale	98								
b	Less returns and allo	wances		c Balance ▶	10					
2	Cost of goods sold (S	Schedule	A, line 7)	_	2					
3	Gross profit. Subtract	t line 2 fi	om line 1c		3					
4 a			h Schedule D)		4a					
b			art II, line 17) (attach Fori		4b					
C			sts		4c					
5			ips and S corporations (a		5					
6					6					
7			ne (Schedule E)		7					
8			and rents from controlled		8			······································		
9			on 501(c)(7), (9), or (17)							
40					9					
10			me (Schedule I)		10	14 12	-	14 1	22	
11	Advertising income (Schedule	(J)		11	14,13	ا ، د	14,1	33.	
12			s; attach schedule.)		12	14,13	2	1 / 1	22	
13 Da			gh 12 Nt Takon Elsowho	re (See instructions fo				14,1	33.	
39395.mg				at be directly connected				ncome.)		
14	Compensation of off	ficers, di	rectors, and trustees (Sch	edule K)					14	
15	Salaries and wages		•••••			***************************************			15	
16				***************************************					16	
17				***************************************					17	
18				••••••					18	
19	Taxes and licenses							•••••	19	
20				n rules.)					20	
21										
22				re on return					22b	
23 24				***************************************					23	
24 25									24	
26	Employee pelicili pr	ugiailis incac /C/	shedule ()					***************************************	25 26	
27	Excess readership of	osts (Sci	hedule J)	••••••			•••••		27	
28	Other deductions (at	ttach sch	redule)						28	
29									29	0.
30	Unrelated business t	taxable i	ncome before net operatin	g loss deduction. Subtrac	t line 29	from line 13			30	0.
31				1 line 30)					31	
32	Unrelated business	taxable ii	ncome before specific ded	luction. Subtract line 31 fr	om line	30		***************	32	0.
33				ons for exceptions.) ,					33	1,000.
34		ess taxa	able Income. Subtract li	ne 33 from line 32. If line	33 is gr	eater than line 32, e	nter the	smaller		
	of zero or line 32								24	n

923711 01-08-10

Paid

Preparer's

Use Only

signature

yours if self-employed),

address, and ZIP code

Firm's name (or

ENGELBACH ROBERTS & CO.

OKLAHOMA CITY, OK 73118

4000 CLASSEN CTR STE 100C

Check if

self-employed

EIN

Phone no.

73-1049855

(405)528-4000

Schedule C - Rent Inc	ome (F	rom Real	Prope	rty and	d Personal	Proper	ty Leas	ed With Real F	rope	erty)(see instr. on pg 18)
1. Description of property										
(1)			-							
(2)										
(3)					-					
(4)										
	2	Rent receiv	ed or accru	ed				0(2) 0		
(a) From personal property rent for personal proper 10% but not more	ty is more tha	tage of in		of ment for p	nd personal proper ersonal property ex t is based on profit	ceeds 50%				nnected with the income in (b) (attach schedule)
(1)										
(2)										
(3)										
(4)										
Total		0.	Total				0.	1		· · · · · · · · · · · · · · · · · · ·
(c) Total income. Add totals of co here and on page 1, Part I, line 6,	column (A)	>				0.	(b) Total deduction Enter here and on page Part I, line 6, column (B		·
Schedule E - Unrelate	d Debt-	Financed	Incon	16 (See	instructions o	n page 19	9)			
								3. Deductions directly	connec	ted with or allocable
1. Description of	of clobe forces				2. Gross ind or allocable	e to debt-	(a)	to debt-fi Straight line depreciation		4
Uescription o	or debt-financ	ed property			financed	property	(2)	(attach schedule)	.	(II) Other deductions (attach schedule)
(1)							·-			
(2)										
(3)							<u> </u>			·
(4)										· · · · · · · · · · · · · · · · · · ·
 Amount of average acquisition debt on or allocable to debt-finant property (attach schedule) 	on ced	debt-fina	adjusted ba illocable to nced proper a schedule)		6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)					·	9,	/ ₆			
(2)				,		9			<u> </u>	
(3)						9	6			
(4)						9	6			<u> </u>
								ere and on page 1, ne 7, column (A).	_ 5	Enter here and on page 1, Part I, line 7, column (B).
							▶		0.	0.
Total dividends-received deduc	tions includ	ded in column	8		4- F 0			* •*	▶	0.
Schedule F - Interest,	Annuru	es, noyai	ues, ar					nizations (See	instruc	ctions on page 20)
Name of controlled organization	tion	2. Employer ide numb	entification per	Net un	3. related Income see Instructions)	Total	4. of specified	5. Part of column Included in the cor organization's gross	mollina	I connected with income
(1)										
(2)				_						
(3)					·					
(4)						<u> </u>				
Nonexempt Controlled Organi	т			1						
7. Taxable income		unrelated incom see instructions		9 . To	tal of specified payl made	ments	10. Part of in the con	column 9 that Is included trolling organization's ross income	11.	Deductions directly connected with income in column 10
(1)									1	
(2)										
(3)										
(4)										
							Add columns Enter here ar line 8, colum	d on page 1, Part I,	Enter	olumns 6 and 11. here and on page 1, Part I, column (B).
Totale							*	0.	1	_
Totals								<u> </u>	1	0 •

Form 990-T (2009) OKLAHOMA, INC.

Schedule G - Investme (see inst	ent Income of a ructions on page 20)	Section 501(c)	(7), (9), or (17) O	rganizat	tion		
1. Desc	ription of income		2. Amount of income		connected 9	. Set-asides	5. Total deductions and set-asides
(1)			-	(attach)	scriedule)		(col. 3 plus col. 4)
(2)				 			
(3)					···		
							
(4)				*******************************			
Totals			Enter here and on page 1, Part I, Ilne 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Schedule I - Exploited				ing Inco	me		0.
Description of exploited activity	Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net Income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s Income ivity that nrelated s Income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)							
(2)	 				 -		
							+
(3)							<u> </u>
(4)	Enter here and on page 1, Part I,	Enter here and on page 1, Part I,					Enter here and on page 1,
_	line 10, col. (A).	line 10, col. (B).					Part II, line 26.
Totals	0.	0.					0.
Schedule J - Advertisi Part I Income From	ng income (see i Periodicals Rep	orted on a Cor	e 21) nsolidated Basis				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 - Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		rculation 6	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)							
(2)							
(3)							
(4)			\dashv				
. "				***			
Totals (carry to Part II, line (5)) Part II Income From	Periodicals Rep	orted on a Sep) . parate Basis (For	each perio	dical listed in P	art II. fill in	0.
columns 2 through	7 on a line-by-line ba	sis.)			1		· · · · · · · · · · · · · · · · · · ·
1. Name of periodical	2. Gross advertising Income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		rculation 6	Readership costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) LEAGUE LINK	6,78	3. 8,282	<1,499	•>			-
(2) HOLIDAY							
(3) HAPPENINGS	7,35	5,851	1,499				
(4)		<u> </u>		4			
(5) Totals from Part I		o .).				0.
(5) 10:88 10111 2111	Enter here and o page 1, Part I, line 11, col. (A).	n Enter here and or page 1, Part I,	—— 2000000000000000000000000000000000000				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	▶ 14,13		3.				0.
Schedule K - Compen				instructio	ns on page 21)		<u>v.</u>
	viame		2. Title		3. Percent of time devoted to business	4. Compe	ensation attributable slated business
					9	6	
						6	
						6	
					9	_	

Form **990-T** (2009)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

SALE OF ADVERTISING IN ORGANIZATION'S PUBLICATIONS TO FORM 990-T, PAGE 1

40

Form 886	88 (Rev. 1-2011)				Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this bo	эх >	X
	ly complete Part II if you have already been granted an a			Form 8868.	
	are filing for an Automatic 3-Month Extension, comple				
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies needed).	
Type or	Name of exempt organization JUNIOR LEAGUE OF OKLAHOMA CO	ITY,		Employer identification	number
print	OKLAHOMA, INC.			73-6040128	
File by the extended due date for filing your	Number, street, and room or suite no. If a P.O. box, so 1001 NW GRAND BLVD.	ee instruc	tions.		
return. See Instructions.	City, town or post office, state, and ZIP code. For a for OKLAHOMA CITY, OK 73118-603		lress, see instructions.		
		·			
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)		0 1
Applicati	on	Return	Application		Return
ls For		Code	Is For		Code
Form 990		01			
Form 990		02	Form 1041-A		08
Form 990		03	Form 4720		09
Form 990		04	Form 5227		10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above)	06	Form 8870		12
	o not complete Part II if you were not already granted				
	poks are in the care of $ ightharpoonup$ THE ORGANIZATION - 100 none No. $ ightharpoonup$ 405-843-5668	1 NW GR		73118-6039	
•			FAX No. ►		
	organization does not have an office or place of business				
. 🛌 [is for a Group Return, enter the organization's four digit				
box ► [ch a list with the names and EINs of all L 15, 2011	members the extension is	tor.
	quest an additional 3-month extension of time until			MAY 31, 2010	
	calendar year, or other tax year beginning ne tax year entered in line 5 is for less than 12 months, c		,		
0 110	☐ Change in accounting period	neck reas	on: Initial return	Final return	
7 Sta	te in detail why you need the extension				
		ORMA	TION NECESSARY TO FI	LE A COMPLETE	
	ID ACCURATE RETURN				·

8a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any		
	refundable credits. See instructions.	·	•	8a \$	0.
b if th	nis 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 all	owed as a	a credit and any amount paid		
	eviously with Form 8868.			8b \$	0.
c Bal	ance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using		
EFT	FPS (Electronic Federal Tax Payment System). See instru	ıctions.		8c \$	0.
			d Verification		
Under pena it is true, c	alties of perjury, I declare that I have examined this form, includi orrect, and complete, and that I am authorized to prepare this fo	ing accomp rm.	panying schedules and statements, and to the	best of my knowledge and be	elief,
Signature	► Title ► 2	2010-	2011 PRESIDENT	Date >	
				Form 8868 (Re	v. 1·2011)