			EXTENSION GRANTED TO 7/	/15/2	0			
	0	on	Return of Organization Exempt F	rom	Income Tax	OMB No. 1545-0047		
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	•				
		of the Treasury	be made public.	Open to Public Inspection				
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning JUN 1, 2018 and ending MAY 31, 2019								
-	heck if		organization	inding 1	D Employer identific	ation number		
a	pplicab	le:	organization					
	Addre		OR LEAGUE OF LUBBOCK, INC.					
	Name Chang	ge Doing bi	usiness as		75-13	181735		
	Initial returr	Number		Room/suite				
	Final returr termi	n–	84TH STREET		(806) 794-8874 647,887.		
	ated Amer	ded TTTDD	own, state or province, country, and ZIP or foreign postal code OCK , TX 79423		G Gross receipts \$	-		
	_returr]Appli _tion		nd address of principal officer: TINA STONE		H(a) Is this a group re for subordinates			
	pend		AS C ABOVE		H(b) Are all subordinates in			
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	r 52 [°]		list. (see instructions)		
			JLLUBBOCK.COM		H(c) Group exemptior			
			X Corporation Trust Association Other ►	L Yea	r of formation: 1946 M	I State of legal domicile: ${f T}{f X}$		
Pa	rt I					HEROCH		
e	1	Briefly describ	e the organization's mission or most significant activities: THE J AN ORGANIZATION OF WOMEN COMMITTED		R LEAGUE OF J	LUBBOCK,		
Activities & Governance	^		$x \triangleright$ if the organization discontinued its operations or dispose					
ver	2 3					8		
õ	4	8						
Š	5	Number of ind	2					
/itie	6		of individuals employed in calendar year 2018 (Part V, line 2a) of volunteers (estimate if necessary)			220		
çti	7 a		d business revenue from Part VIII, column (C), line 12			0.		
<			business taxable income from Form 990-T, line 38			0.		
					Prior Year	Current Year		
ē	8	Contributions	and grants (Part VIII, line 1h)		126,021.	155,886.		
ent	9		ce revenue (Part VIII, line 2g)		0.	0.		
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		7,672.	18,001.		
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		294,860.	282,504.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		428,553. 13,080.	456,391. 24,126.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		15,000.	0.		
	14 15		to or for members (Part IX, column (A), line 4)		43,545.	35,653.		
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.		
per			ng expenses (Part IX, column (D), line 25)	0.				
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		294,156.	312,332.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		350,781.	372,111.		
	19		expenses. Subtract line 18 from line 12		77,772.	84,280.		
Net Assets or Fund Balances				В	eginning of Current Year	End of Year		
sset: 3alar	20	Total assets (F		上	1,437,495.	1,526,457.		
et A	21		(Part X, line 26)		55,644.	54,834.		
	22 Irt II		fund balances. Subtract line 21 from line 20		1,381,851.	1,471,623.		
		J	DIOCK declare that I have examined this return, including accompanying schedules	and states	mente and to the heet of my	knowledge and belief, it is		
			Declaration of preparer (other than officer) is based on all information of whi			הווט שובעשב מווע שבוובו, וג וא		
	55110							

Sign Here	Signature of officer TINA STONE, PRESIDENT Type or print name and title			Date							
	Print/Type preparer's name	Preparer's signature	Date	Check X PTIN							
Paid	MATT R. WILLIS	MATT R. WILLIS	09/02	/20 self-employed P00419741							
Preparer	Firm's name 🕒 BOLINGER , SEGARS	5, GILBERT AND MOSS	LLP	Firm's EIN 75-0882037							
Use Only	Firm's address 8215 NASHVILLE A	VENUE		-							
	LUBBOCK, TX 7942	3		Phone no. (806)747-3806							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)										
832001 12-3	1-18 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2018)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

-	· · -/	75-1181735	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: THE JUNIOR LEAGUE OF LUBBOCK, INC IS AN ORGANIZATION OF V	VOMEN	
	COMMITTED TO PROMOTING VOLUNTEERISM, DEVELOPING THE POTEN		MEN
	AND IMPROVING THE COMMUNITY THROUGH THE EFFECTIVE ACTION		
	LEADERSHIP OF TRAINED VOLUNTEERS FOR EDUCATIONAL AND CHAP	RITABLE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		XNo
	prior Form 990 or 990-E∠? 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	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses,	and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 224,327 • including grants of \$ 24,126 •) (Revenue service)	<u></u>)
чa	THE JUNIOR LEAGUE OF LUBBOCK'S CURRENT FOCUS IS ON IMPROV		VES '
	OF THE CHILDREN OF LUBBOCK AND SURROUNDING COMMUNITIES.	CURRENT	
	PROJECTS INCLUDE, BUT ARE NOT LIMITED TO, FOOD 2 KIDS A H		
	ASSOCIATION WITH THE SOUTH PLAINS FOOD BANK AND LUBBOCK		
	SCHOOL DISTRICT TO PROVIDE FOOD ON FRIDAYS TO CHILDREN WE IDENTIFIED AS BEING AT RISK FOR SUFFERING FROM HUNGER DUE		210
	WEEKEND. KIDS IN THE KITCHEN IS A PROGRAM INITIATED BY C		UE
	ASSOCIATIONS FROM ACROSS THE COUNTRY TO INFORM AND EDUCAT		
		BEING TO RE	DUCE
	CHILDHOOD OBESITY, TYPE 2 DIABETES, HIGH BLOOD PRESSURE A	AND HIGH	
	CHOLESTEROL.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue 5	2)
-10	SPARK IS DESIGNED TO EDUCATE UNDER-PRIVILEGED AND UNDERSI		GE '
	GIRLS IN LUBBOCK. IN SEPTEMBER 2012, THE MEMBERSHIP VOTER		ר
	SPARK AS THE NEXT SIGNATURE PROJECT OF THE JUNIOR LEAGUE		_
		OTENTIAL IN	-
	MAKING A POSITIVE IMPACT IN THEIR COMMUNITY. THIS FOUR-		
	TEACHES TEAMWORK, SELF-CONFIDENCE, THE VALUE OF EDUCATION		
	COMMUNITY INVOLVEMENT THROUGH VOLUNTEERISM. IN ITS INAUC		
	IMPLEMENTED THIS PROGRAM IN FOUR LISD SCHOOLS: WILSON, AT		ZOS
	AND DUNBAR. TEN TO FIFTEEN YOUNG WOMEN FROM EACH SCHOOL IDENTIFIED BY TEACHERS AND SCHOOL ADMINISTRATORS AS LEAD		
	POTENTIAL LEADERS AMONG THEIR PEERS, BOTH ACADEMICALLY AN		AND
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 224,327.	C	990 (2018)
832002	SEE SCHEDULE O FOR CONTINUATION(S)		2018)

Form	aan	(2018)	
	990	(2010)	

 Form 990 (2018)
 JUNIOR LEAGUE OF LUBBOCK, INC.

 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)?		37	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_ <u>~ </u>		

Form	aan	(2018)	
FOUL	990	(2010)	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	School de L. Dout L.	05h		x
	,	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		

Form 990	
Part V	Sta

			Yes	No
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
•••	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
~	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	50		
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <u>N/A</u>	13a		
Ŀ	Note. See the instructions for additional information the organization must report on Schedule O.			
α	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
c	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
		14a		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

ANI DASS - (806) 794-8874 4205 84TH STREET, LUBBOCK,

Form 990 (2018)

	tion A. Governing Body and Management				Yes	N		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other	r					
	officer, director, trustee, or key employee?			2		2		
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		2		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		2		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		2		
6	Did the organization have members or stockholders?			6		2		
	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?			7a		2		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
~	persons other than the governing body?			7b		2		
в	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
	The governing body?			8a	х			
	Each committee with authority to act on behalf of the governing body?			8b	X			
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			00				
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		2		
00	tion B. Policies (This Section B requests information about policies not required by the Internal F			9		-		
	tion D. Tonoico (mis Section D requests information about policies not required by the internal r	levenue code.)			Yes	N		
0-2	Did the organization have local chapters, branches, or affiliates?			10a	165	2		
	If "Yes," did the organization have written policies and procedures governing the activities of such of			10a		-		
D		• •		106				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х			
	Has the organization provided a complete copy of this Form 990 to all members of its governing both	dy before filing tr	te form?	11a	л			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				х			
		- +		12a				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				37			
	in Schedule O how this was done			12c	X			
3	Did the organization have a written whistleblower policy?			13	X			
4	Did the organization have a written document retention and destruction policy?			14	Х			
5	Did the process for determining compensation of the following persons include a review and approv	al by independe/	nt					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'							
	The organization's CEO, Executive Director, or top management official			15a		2		
b	Other officers or key employees of the organization			15b		2		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a						
	taxable entity during the year?			16a		2		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participati	on					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's						
	exempt status with respect to such arrangements?			16b				
ec	tion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed NONE							
18								
	for public inspection. Indicate how you made these available. Check all that apply.			<u> </u>		2		
		n in Schedule O)						
9		,	policy and	d finan	cial			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	policy, and	d finan	cial			
19 20		onflict of interest		d finan	cial			

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Form 990 (2018)

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No

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Yes No

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.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	l)	nper	liout	(D)	(E)	(F)
Name and Title	Average			Pos	sition more than one			Reportable	Reportable	Estimated
Name and The	hours per	(do	(do not check mo box, unless perso			than is bot	one h an	compensation	compensation	amount of
	week	offic	cer an	d a director/trustee)			tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				eq		organization	(W-2/1099-MISC)	from the
	related	tee ol	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	l trus	nal tr		oyee	dwo				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Offi	Key	Higher	Ferr			
(1) SUNSHINE STANEK	5.00									_
PRESIDENT	1.00	X		Х				0.	0.	0.
(2) LAURA HON	9.00									
PRESIDENT ELECT	1.00	X		Х				0.	0.	0.
(3) KATHY OAKS	5.00									
VP COMMUNITY IMPACT		X		X				0.	0.	0.
(4) ANI DASS	13.00									
VP FINANCE	1.00	x		x				0.	0.	0.
(5) KRISTIN TEINERT	5.00									
VP FUND DEVELOPMENT	1.00	x		x				0.	0.	0.
(6) TINA STONE	15.00									
VP MEMBERSHIP DEVELOPMENT		x		x				0.	0.	0.
(7) LESLIE COLLINS	3.00									
BYLAWS CHAIRMAN		x		x				0.	0.	0.
(8) DAWN ZUERKER	5.00									
SUSTAINING ADVISOR		x		x				0.	0.	0.
		1								
		1								
		1								

	990 (2018) JUNIOR LE									75-11	81	735	Pa	ige 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C	Compensated Employe	es (continued)				
	nours per b					rson i	than o is botl pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	Est am	(F) imate ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS0		comp fro orga and		e on ed
											_			
											\neg			
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but no compensation from the organization							io r	eceived more than \$100),000 of reportable	;			0
												,	Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-			-	·	•		highest compensated e			3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	le co	ompe	ensa	atior	n and	l ot	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv					
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	plete Schedule	e J f	or sı	ich	pers	son .				<u></u>	5		X
1	Complete this table for your five highest con the organization. Report compensation for t										oensa	ation fr	om	
	(A) Name and business			ONE					(B) Description of s		С	(C) ompen		ı
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	U U	ot lii	nite	d to		se lis)	tec	d above) who received n	nore than				

Form	n 990 (JUNIC	R LEAGUE	OFI	LUBBOO	CK, INC.		75-1181	735 Page 9
	rt VII		nue						
		Check if Schedule O cont	ains a response	or note to	o any line ii	n this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a						
Gra	b	Membership dues			175.				
Am (Fundraising events		60,9	957.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d						
		Government grants (contribut							
er (f	All other contributions, gifts, gran		<u> </u>					
<u>e</u> ti		similar amounts not included abo		62,	/54.				
	-	Noncash contributions included in lines	-			155,886.			
0.		Total. Add lines 1a-1f		Busines		155,000.			
Ð	2 a			Dusines	3 0000				
Program Service Revenue	b								
Sei	c								
am	d								
D B B B B B B B B B B B B B B B B B B B	е								
Ъ,	f	All other program service reve	nue						
	g				🕨				
	3	Investment income (including				10 001			10 001
		other similar amounts)				18,001.			18,001.
	4	Income from investment of tax							
	5	Royalties							
	•	0	(i) Real 3,187.	(ii) Per	sonal				
		Gross rents							
		Less: rental expenses Rental income or (loss)	3,187.						
						3,187.			3,187.
		Gross amount from sales of	(i) Securities	(ii) O1		- /			-,
		assets other than inventory	()	(
	b	Less: cost or other basis							
		and sales expenses							
	с	Gain or (loss)							
		Net gain or (loss)			🕨				
ne	8 a	Gross income from fundraisin							
/eni		including \$ 60,9							
Rev		contributions reported on line		470,0	602				
Other Revenue	b	Part IV, line 18 Less: direct expenses							
đ		Net income or (loss) from func				279,196.			279,196.
		Gross income from gaming ac							
	υu	Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from gam			🕨				
		Gross sales of inventory, less							
		and allowances	а		121.				
	b	Less: cost of goods sold	b		0.				
	с	Net income or (loss) from sale			🕨	121.			121.
		Miscellaneous Revenu	e	Busines	s Code				
	11 a								
	b								
	с с	All other revenue							
	d	All other revenue Total. Add lines 11a-11d							
	12	Total revenue. See instructions			¨ ⊾ ⊢	456,391.	0.	0.	300,505.

JUNIOR LEAGUE OF LUBBOCK, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	ו טנמו פאףפווספס	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	20,000.	20,000.		
2	Grants and other assistance to domestic	4 106	4 1 2 6		
_	individuals. See Part IV, line 22	4,126.	4,126.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
~	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	33,077.		33,077.	
7	Other salaries and wages	55,077.			
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits	2,576.		2,576.	
10	Payroll taxes	2,570.		2,570.	
11	Fees for services (non-employees):				
a	Management	910.		910.	
	6	16,498.		16,498.	
	Accounting	10,490.		10,490.	
a	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A) amount, list line 11g expenses on Sch O.)	100.		100.	
12	Advertising and promotion	2,506.		2,506.	
12 13	Office expenses	30,450.		30,450.	
13 14		50,1500			
14 15	Information technology				
15 16	Royalties	43,580.		43,580.	
17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,531.	23,531.		
20	Interest		_ ,		
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,196.		15,196.	
23	Insurance	.,		. ,	
23	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMMUNITY PROJECTS	176,670.	176,670.		
b		.,	.,		
c					
d					
e	All other expenses	2,891.		2,891.	
25	Total functional expenses. Add lines 1 through 24e	372,111.	224,327.	147,784.	0
26	Joint costs. Complete this line only if the organization	, -			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

JUNIOR LEAGUE OF LUBBOCK, I	NC
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Pa	πΧ	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			963,105.	1	557,409.
	2	Savings and temporary cash investments			0.	2	505,557.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,000.	4	7,199.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
ţ		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,243.	9	3,341.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	989,689.			
	b	Less: accumulated depreciation	10b	536,738.	468,147.	10c	452,951.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			1,437,495.	16	1,526,457.
	17	Accounts payable and accrued expenses			7,310.	17	10,915.
	18	Grants payable		18			
	19	Deferred revenue		26,581.	19	25,214.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Se	22	Loans and other payables to current and former	officers	s, directors, trustees,			
liti		key employees, highest compensated employee	es, and o	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			21,753.	25	18,705.
	26				55,644.	26	54,834.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ <u>X</u> and			
ses		complete lines 27 through 29, and lines 33 an			4 9 9 4 9 5 4		1 151 600
anc	27	Unrestricted net assets			1,381,851.	27	1,471,623.
Fund Balances	28	Temporarily restricted net assets		28			
	29	Permanently restricted net assets	<u></u>		29		
		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶└─┘			
۲.		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	ļ
Ass	31	Paid-in or capital surplus, or land, building, or ec				31	ļ
Net Assets	32	Retained earnings, endowment, accumulated in			1 204 254	32	
2	33	Total net assets or fund balances			1,381,851.	33	1,471,623.
	34	Total liabilities and net assets/fund balances	<u></u>		1,437,495.	34	1,526,457.
							Form 990 (2018)

Form **990** (2018)

Part X | Balance Sheet

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Form	990	(2018)

Form 990 (2018) JUNIOR LEAGUE OF LUE	звоск,	INC.		75-11	.81735	Pa	ge 1
Part XI Reconciliation of Net Assets							
Check if Schedule O contains a response or note to any line	e in this Par	t XI		<u> </u>			
					15	6,3	01
1 Total revenue (must equal Part VIII, column (A), line 12)				1		$\frac{0,3}{2,1}$	
2 Total expenses (must equal Part IX, column (A), line 25)				2		$\frac{2}{4}, 1}{4}$	
3 Revenue less expenses. Subtract line 2 from line 1					° 1,38		
4 Net assets or fund balances at beginning of year (must equal Part						$\frac{1}{5,4}$	
5 Net unrealized gains (losses) on investments				5		5,4	.92
Donated services and use of facilities				6			
7 Investment expenses				7			
B Prior period adjustments				8			0
Other changes in net assets or fund balances (explain in Schedule				9			0
Net assets or fund balances at end of year. Combine lines 3 through the set of the se	•	-			1,47	1 6	· ^ 2
column (B))	<u></u>			10	1,4/	1,0	23
Part XII Financial Statements and Reporting							X
Check if Schedule O contains a response or note to any line	e in this Par	t XII				Yes	
Accounting method used to prepare the Form 990:	X Accr	rual 🗌 Ot	ther			165	
If the organization changed its method of accounting from a prior	year or che	cked "Other,"	explain in Schedu	le O.	-		
2a Were the organization's financial statements compiled or reviewed	d by an inde	ependent acco	ountant?		2a		X
If "Yes," check a box below to indicate whether the financial state							
separate basis, consolidated basis, or both:		2	•				
Separate basis Consolidated basis Bo	th consolida	ated and sepa	rate basis				
b Were the organization's financial statements audited by an independent	endent acco	ountant?			2b	Х	
If "Yes," check a box below to indicate whether the financial state							
consolidated basis, or both:		5	·	,			
Separate basis X Consolidated basis Bot	th consolida	ated and sepa	rate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee t		•		he audit.			
review, or compilation of its financial statements and selection of		-			2c	х	
If the organization changed either its oversight process or selection							
Ba As a result of a federal award, was the organization required to un	-	-	• • •				
Act and OMB Circular A-133?	-			-	3a		X
b If "Yes," did the organization undergo the required audit or audits:							
or audits, explain why in Schedule O and describe any steps take	-		-		Зb		
						990	(20-

|--|

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ
	220		

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the	organization
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Nam	e of t	he organization							identification number			
_					INC.				5-1181735			
Par	tI	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	e instruction	S.				
The o	rgan	ization is not a private found										
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(ii	i).					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
r		city, and state:										
5 [An organization operated for		llege or university owned	d or opera	ted by a go	overnmental	unit descrik	bed in			
r		section 170(b)(1)(A)(iv). (C										
6 l		A federal, state, or local gov	-									
7 [An organization that norma	•	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in			
- [section 170(b)(1)(A)(vi). (C										
8 L		A community trust describe										
9 [An agricultural research org				-		-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	t the colleg	je or			
40	Х	university:		···· 00.4/00/ 6''								
10 [Λ	An organization that norma										
		activities related to its exen							-			
		income and unrelated busin		(less section 511 tax) th	om busine	sses acqu	ired by the o	ganization	atter June 30, 1975.			
11 [See section 509(a)(2). (Cor An organization organized a		ively to test for public as	foty Soo	soction 50	0(2)(4)					
12		An organization organized a	-	•	•			arry out the	purposes of one or			
		more publicly supported or	-	-	-			•				
		lines 12a through 12d that	-									
а		Type I. A supporting orga				-		-	<i>i</i> aivina			
		the supported organization		-	•							
		organization. You must c			a majority -				sapporting			
b		Type II. A supporting org	-		tion with it	s supporte	ed organizatio	on(s), by ha	avina			
-		control or management o	-				•		-			
		organization(s). You mus						5 1	,			
с] Type III functionally inte	-		in connec	tion with, a	and functiona	lly integrat	ed with,			
		its supported organization						, ,	,			
d] Type III non-functionally						rted organ	ization(s)			
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .					
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.						
f	Enter the number of supported organizations											
g		ide the following information			(listed						
	() Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	,	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)			
T												
Total									1			

Schedule A (Form 990 or 990-EZ) 2018 JUNIOR LEAGUE OF LUBBOCK, INC. Part II Support Schedule for Organizations Described in Sections 170(b)

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	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.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, th	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Public	ic Support Pe	ercentage				
14	Public support percentage for 2018 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
1 6a	33 1/3% support test - 2018. If the c	organization did no	ot check the box (on line 13, and line	14 is 33 1/3% or I	more, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		▶∟
b	10% -facts-and-circumstances test	t - 2017. If the orc	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	umstances" test, o	check this box and	l stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a pub	licly supported org	anization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2018 JUNIOR LEAGUE OF LUBBOCK, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 155,886. 166,274. 198,672. 126,021 896,529. 249,676. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 475,163. 500,761. 488,448. 492,264. 470,813. 2427449. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 618,285. 724,839. 667,035. 687,120. 626,699 3323978. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 0 c Add lines 7a and 7b 3323978. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 724,839. 618,285. 626,699 667,035. 687,120. 3323978. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 11,939. 7,476. 11,980. 12,442. 21,188. 65,025. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 11,939. 7,476. 11,980. 12,442. 21,188. 65,025. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 736,778. 674,511. 699,100. 630,727. 647,887. 3389003. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.08 **15** Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 98.30 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.92 17 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) % 1.70 18 % 18 Investment income percentage from 2017 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3c		
4a		
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4b		
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Ea		
5a		
5b		
5c		
6		
7		
c		
8		
9a		
9b		
9c		
10a		
.54		
104		
10b		

Schedule A (Form 990 or 990-EZ) 2018 JUNIOR LEAGUE OF LUBBOCK, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		Ĺ
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	hu al's		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	ŕ	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	00		
F	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
з а				
a	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
-				

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	coveries of prior-year distributions	2		
3 Oth	er gross income (see instructions)	3		
4 Add	t lines 1 through 3	4		
5 Dep	preciation and depletion	5		
6 Port	tion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mai	ntenance of property held for production of income (see instructions)	6		
7 Oth	er expenses (see instructions)	7		
8 Adji	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section E	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	pregate fair market value of all non-exempt-use assets (see			
inst	ructions for short tax year or assets held for part of year):			
a Ave	arage monthly value of securities	1a		
b Ave	rage monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Dis	count claimed for blockage or other			
fact	tors (explain in detail in Part VI):			
2 Acq	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	otract line 2 from line 1d	3		
4 Cas	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	instructions)	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mul	tiply line 5 by .035	6		
7 Rec	coveries of prior-year distributions	7		
8 Min	imum Asset Amount (add line 7 to line 6)	8		
Section C	C - Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, Column A)	1		
2 Ente	er 85% of line 1	2		
3 Min	imum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Ente	er greater of line 2 or line 3	4		
5 Inco	ome tax imposed in prior year	5		
6 Dist	tributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990 EZ) 2018 JUNIOR LEAGUE OF LUBBOCK, INC.

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A	(Form 990 or 990-EZ) 2018 JU	NIOR LEAGUE	OF LUBBOCK,	INC.	75-1181735 Page 8
Part VI	Supplemental Informatic Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and (See instructions.)	Dn. Provide the expla 3c, 4b, 4c, 5a, 6, 9a, and 3; Part IV, Sectio	nations required by Part 9b, 9c, 11a, 11b, and 1 n E, lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a c l c; Part IV, Section B, lines and 3b; Part V, line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Department of the Treasury

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

75-1181735

Internal Revenue Service	
Name of the organiza	tion
	JUNIOR LEAGUE OF LUBBOCK, INC.
Organization type (ch	neck one):
Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation

	527	political	organiz	ation	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

501(c)(3) exempt private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Form 990-PF

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

75-1181735

JUNIOR LEAGUE OF LUBBOCK, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CH FOUNDATION 6102 82ND STREET, #8A LUBBOCK, TX 79493	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED SUPERMARKETS 7830 ORLANDO AVE LUBBOCK, TX 79423	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ASCO FOUNDATION 2102 E SLATON RD LUBBOCK, TX 79404	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WELLS FARGO FOUNDATION 550 SOUTH 4TH ST MINNEAPOLIS, MN 55415	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupied Payroll Payroll Occupied Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

75-1181735

JUNIOR LEAGUE OF LUBBOCK, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		_ _ _ \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		_		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		-		
		-		

	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 4				
Name of or	rganization		Employer identification number				
JUNIO	R LEAGUE OF LUBBOCK, IN	iC.	75-1181735				
Part III	Exclusively religious, charitable, etc., contribu	tions to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$				
(a) No	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u>- 1 di t 1</u>							
-		e) Transfer of gif	I				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Description of how gift is held				
Γ	(e) Transfer of gift						
	Transferee's name, address, a	nd 7 ID ± 4	Relationship of transferor to transferee				
ŀ							
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) r arpose or girt						
-		() -					
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Faili							
ŀ	(e) Transfer of gift						
	T						
ŀ	Transferee's name, address, a	na 21P + 4	Relationship of transferor to transferee				

SCHEDULE D

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organizati	on
Internal Revenue Service	
Department of the Treasury	

JUNIOR LEAGUE OF LUBBOCK, INC.

Employer identification number 75-1181735

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accou	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically impo	rtant land area
	Protection of natural habitat	Preservation of a cer	tified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a co <u>nserv</u>	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year 🕨			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	:	
	violations, and enforcement of the conservation easements i	it holds?		Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation eas	sements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easeme	nts during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organiza	tion's accounting for
De	conservation easements.		NH 0: :	
Ра	rt III Organizations Maintaining Collections o		Stner Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ex		ance of public	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service,	provide the following amounts
	relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
-				·
2	If the organization received or held works of art, historical tre		al gain, provid	le
	the following amounts required to be reported under SFAS 1			•
a	Revenue included on Form 990, Part VIII, line 1		🟲	\$
n	Assets included in Form 990 Part X			*

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Schedule D (Form 990) 2018

Sche		LEAGUE OF :						Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	ner Simil	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or excl	nange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					ose in Par	t XIII.	
5	During the year, did the organization solicit o						-	
	to be sold to raise funds rather than to be ma						Yes	No
Pa	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod						7	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				-	
							Amount	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
f 20	Ending balance Did the organization include an amount on Fe						Yes	No
	-				• • • • • • •	····· └──		
Pa	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete in							
		(a) Current year	(b) Prior year	(c) Two years back	1	years back	(a) Four	/ears back
19	Beginning of year balance	720,439.	678,958.	626,973.		501,524.		586,275.
	Contributions	1,930.		823		2,847.		
	Net investment earnings, gains, and losses	17,092.	41,481.	51,162.		22,602.		15,249.
	Grants or scholarships		,	,	,	,		,
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	739,461.	720,439.	678,958.	. 6	526,973.		601,524.
2	Provide the estimated percentage of the curr					,		
а		,	%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b	Permanent endowment 100.00	%	_					
с		%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organi	zation		
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Schedule R?				3b	Х
4	Describe in Part XIII the intended uses of the		wment funds.					
Pa	rt VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S					
	Description of property	(a) Cost or o basis (investn			Accumulate epreciation		(d) Book	value
-1a	Land		23	1,749.			231	,749.
	Buildings			8,774.	458,4	79.		,295.
	Leasehold improvements							
	Equipment		7	9,166.	78,2	59.		907.
	Other							
	I. Add lines 1a through 1e. <i>(Column (d) must</i> e		X, column (B), line 1	0c.)			452	,951.

Schedule D (Form 990) 2018

(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV	[/] , line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX Other Assets.				
Complete if the organization answered "Yes"		', line 11d. See Form 990,	Part X, line 15.	()
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		m 990, Part X, line 25 T).
1. (a) Description of liability		(b) Book value	-	
(1) Federal income taxes		10 705	-	
(2) DUES PAYABLE		18,705.	-	
(3)			-	
(4)			-	
(5)			4	
(6)			-	
			-	
(8)			-	
(9) 	. 05)	18,705.	-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line			6 1171	
2. Liability for uncertain tax positions. In Part XIII, provide				

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(b) Book value

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔼

JUNIOR LEAGUE OF LUBBOCK, INC. Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

(1) Financial derivatives

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(c) Method of valuation: Cost or end-of-year market value

Sche	dule D (Form 990) 2018 JUNIOR LEAGUE OF LUBBOCK ,	INC.	75-11	L81735
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pai	t XII Reconciliation of Expenses per Audited Financial State		r Return	1-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	

TO SUPPORT THE MISSION AND PROGRAMS OF THE JUNIOR LEAGUE OF LUBBOCK.

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

PART X, LINE 2:

PART V, LINE 4:

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Part XIII Supplemental Information.

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII.)

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

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

THE ORGANIZATION HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF

4a

4b

4c

5

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

THE PRIMARY TAX POSITION OF THE ORGANIZATION IS ITS FILING AS A TAX EXMEPT

ENTITY. THE ORGANIZATION DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT

THEIR TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL

REVENUE SERVICE (IRS), OR OTHER STATE TAXING AUTHORITIES.

Schedule D	(Form 990) 2018
Dort VIII	0	

Part XIII Supplemental Information (continued)	

SCHEDULE G	Suppleme	ntal Informa	tion Regardin	g Fun	drais	ing or Gaming	Activitie	s	OMB No. 1545-0047
(Form 990 or 990-EZ)						Part IV, line 17, 18, o rm 990-EZ, line 6a.	or 19, or if	the	2018
Department of the Treasury Internal Revenue Service		- •	Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public Inspection
Name of the organization		to www.irs.go	v/Form990 for inst	ructior	is and	the latest informat			ntification number
		LEAGUE C	F LUBBOCK	, IN	c.		-	-1181	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Ail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 									
(i) Name and addres or entity (fund		(ii)	Activity	fùnd have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amou to (or reta fundra listed in	ained by) aiser	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total					. 🕨				
3 List all states in whi or licensing.	ich the organizatio	on is registered o	or licensed to solici	contrib	oution	s or has been notified	d it is exem	npt from r	egistration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 HOLIDAY HAPPENING	(b) Event #2 PARTNER CARD	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
5	1 Gross receipts	526,151.	5,498.		531,649
	2 Less: Contributions	60,957.			60,957
3	3 Gross income (line 1 minus line 2)	465,194.	5,498.		470,692
	1 Oach arises				
4	4 Cash prizes				
	5 Noncash prizes				
6	6 Rent/facility costs	24,288.			24,288
6	7 Food and beverages	27,736.			27,736
	8 Entertainment				139,472
	9 Other direct expenses	139,472.			
9	Direct expense summany Add lines 4 throug	h Q in column (d)			I IYI 490
1	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d)		►	279,196
1 1 Part	1 Net income summary. Subtract line 10 from I 1 III Gaming. Complete if the organization	line 3, column (d)		►	279 , 196 (d) Total gaming (add
1	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	279 , 196 (d) Total gaming (add
	1 Net income summary. Subtract line 10 from I 1 III Gaming. Complete if the organization	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	279 , 196 (d) Total gaming (add
	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	279 , 196 (d) Total gaming (add
	1 Net income summary. Subtract line 10 from t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	279 , 196 (d) Total gaming (add
11 11 12 12 12 13 13 14 14 15 16 16 16 16 16 16 16 16 16 16	 Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	279 , 196 (d) Total gaming (add
11 11 12 12 12 13 13 14 14 15 16 16 16 16 16 16 16 16 16 16	 Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d)answered "Yes" on Forn	n 990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	191,496 279,196 (d) Total gaming (add col. (a) through col. (c
11 11 11 12 12 12 12 13 14 5 14 5	 Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	279 , 196 (d) Total gaming (add
	 Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses 	ine 3, column (d) answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	<pre>ceported more than (c) Other gaming (c) Other gaming </pre>	279 , 196 (d) Total gaming (add
110 110 110 110 110 110 110 110	1 Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bing	n 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	<pre>reported more than (c) Other gaming (c) Other gaming </pre>	279 , 196 (d) Total gaming (add

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

832082 10-03-18

Sch	iedule G (Form 990 or 990-EZ) 2018 JUNIOR LEAGUE OF LUBBOCK, INC. 75-1	.181	735	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:		163	
		13a	I	04
	a The organization's facility	13b		<u>%</u>
	• An outside facility			70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗀	Yes	L No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. 📖	Yes	L No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, li	nes 9,	9b, 10b,

75-1181735 Pag

r are re ouppromontal mormation	(continued)		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



75-1181735

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

JUNIOR LEAGUE OF LUBBOCK, INC.

DEVELOPING THE POTENTIAL OF WOMEN AND IMPROVING THE COMMUNITY THROUGH

THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS FOR

EDUCATIONAL AND CHARITABLE PURPOSES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PURPOSES.

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

INVITED TO PARTICIPATE IN THE PROGRAM. FOR 2018-2019, PARTICIPANTS

WILL REPRESENT NINE MIDDLE SCHOOLS IN LISD: ATKINS, CAVASOS, DUNBAR,

HUTCHINSON, IRONS, MACKENZIE, OL SLATON, SMYLIE WILSON AND TALKINGTON

YWL.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 WILL BE PRESENTED TO THE AUDIT COMMITTEE AND THEN

AGAIN TO THE EXECUTIVE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS WHO ARE PARTICIPATING IN DISCUSSIONS AND VOTES DISCLOSE AT THE TIME OF THE OCCURRENCE THE CONFLICT AND RECUSE THEMSELVES FROM THE VOTE. THIS IS DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023 AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC AT THE

Name of the organization JUNIOR LEAGUE OF LUBBOCK, INC.

ORGANIZATION'S OFFICE IN LUBBOCK, TEXAS AND ON THEIR WEBSITE

WWW.JLLUBBOCK.COM.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION WILL MAKE AVAILABLE TO THE PUBLIC THE ORGANIZATIONS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATMENTS.

ALL DOCUMENTS CAN BE VIEWED AT THE ORGANIZATION'S OFFICE IN LUBBOCK TEXAS.

FORM 990; PAGE 12; PART XII; LINE 2C

THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT COMMITTEE TO

OVERSEE THE FINANCIAL STATEMENT AUDIT AND SELECT THE INDEPENDENT

FINANCIAL STATEMENT AUDITOR. THIS PROCESS HAS NOT CHANGED FROM PRIOR

YEARS.

832212 10-10-18

Page 2 Employer identification number 75-1181735

SCH	EDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number

75-1181735

Department of the Treasury Internal Revenue Service Name of the organization

JUNIOR LEAGUE OF LUBBOCK, INC.

P

art I	Identification of Disregarded Entities. Con	nplete if the organization answered "Yes" on Form 990, Part IV, line 33.
-------	---	--

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile (state or Exempt Code Pul foreign country) section statu		(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled itty?
				501(c)(3))		Yes	No
JUNIOR LEAGUE OF LUBBOCK FOUNDATION -	PERMANENT ENDOWMENT FUNDS						
75-2831806, 4205 84TH STREET, LUBBOCK, TX	USED TO SUPPORT THE JUNIOR			509(A)(3)	JUNIOR LEAGUE OF		
79423	LEAGUE OF LUBBOCK	TEXAS	501(C)(3)	TYPE I	LUBBOCK	X	
	-						
	-						

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

Schedule R (Form 990) 2018

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)		(e)		(f)	(g)	(h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomin (related, excluded fr	nant income , unrelated, rom tax under s 512-514)	Share	e of total come	end-	are of of-year sets	alloca	ortionate tions?	Code V-UE amount in b 20 of Sched	ox ^m	anaging artner?	
		country)		sections	\$ 512-514)					Yes	No	K-1 (Form 10	165) Y	es No	
	-														
	_														
	-														
	-														
	_														
	_														
	-														
															L
IV Identification of Related O organizations treated as a c	Organizations Taxable corporation or trust duri	as a Corpo ng the tax	oration or Trust. C year.	omplete if t	he organizat	tion ans	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it ł	ad on	e or m	ore relate
organizations treated as a c	corporation or trust duri	ng the tax	year. (b)	omplete if t (c)	(d)		(e))	rm 990, P (f		line 34	4, because it h	()	h)	
organizations treated as a c (a) Name, address, and	corporation or trust durin	ng the tax	year.	(C) Legal domicile (state or	i	trolling	(e) Type of (C corp, S) entity S corp,) of total		(g) Share of end-of-year	(I Perce		(i) Section 512(b)(13 controller
organizations treated as a c	corporation or trust durin	ng the tax	year. (b)	(C) Legal domicile	(d) Direct con	trolling	(e) Type of) entity S corp,	(f Share c) of total		(g)	(I Perce	h) entage	(i) Section 512(b)(13 controlle entity?
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organizations treated as a c (a) Name, address, and	corporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct con	trolling	(e) Type of (C corp, S) entity S corp,	(f Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Section 512(b)(13 controlle entity?
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organizations treated as a c (a) Name, address, and	corporation or trust durin	ng the tax	year. (b)	(C) Legal domicile (state or foreign	(d) Direct con	trolling	(e) Type of (C corp, S) entity S corp,	(f Share c) of total		(g) Share of end-of-year	(I Perce	h) entage	(i) Section 512(b)(13 controlle entity?
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Schedule R (Form 990) 2018 JUNIOR LEAGUE OF LUBBOCK, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 mark gening is stort in a any of the following transactions with one or more related organizations listed in Parts II-IV? Test No 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a X a Receipt of (i) interest, (ii) annuities, (iii) royaties, or (iv) rent from a controlled entity 1a X b Gift, grant, or capital contribution for nelated organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1d X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) 1f X i Exchange of assets to related organization(s) 1f X i Exchange of facilities, equipment, or other assets to related organization(s) 1i X k Lease of facilities, equipment, or other assets to related organization(s) 1i X k Lease of facilities, equipment, or other assets to related organization(s) 1i X k Lease of facilities, equipment, or other assets to related organization(s) 1i X n Performance of services or membership or fundraising solicitations by related organization(s) 1i X	Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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			1s		Х

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2018 JUNIOR LEAGUE OF LUBBOCK, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(f) Share of total o	(g) Share of end-of-year assets	(h Dispro tion allocati) ate ons? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener manag partn Yes	al or F ging er?	(k) Percentage ownership

Schedule R (Form 990) 2018

Part VII	Supplemental	Information.
Schedule R	(Form 990) 2018	JUNIO

Provide additional information for responses to questions on Schedule R. See instructions.