

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **7/01**, **2018**, and ending **6/30**, **2019**

B Check if applicable:	C	D Employer identification number
<input type="checkbox"/> Address change	Junior League of Abilene, Inc. 774 Butternut Abilene, TX 79602	75-6024175
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		325-677-1879
<input type="checkbox"/> Final return/terminated		G Gross receipts \$
<input type="checkbox"/> Amended return		204,048.
<input type="checkbox"/> Application pending	F Name and address of principal officer: Amy Carnes 774 Butternut Abilene TX 79602	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If "No," attach a list. (see instructions)</small>

I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
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J Website: ▶	jrleagueabilene.com	L Year of formation:	M State of legal domicile: TX
K Form of organization:	<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>The League is committed to promoting voluntarism, developing the potential of women, and improving the community through the effective action and leadership of trained volunteers. The League is also committed to enhancing the lives of children in our community.</u>	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 11
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 2
6	Total number of volunteers (estimate if necessary)	6 0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b 0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	69,731.	49,686.
	9 Program service revenue (Part VIII, line 2g)	1,085.	2,565.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	437.	590.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,101.	72,071.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	119,354.	124,912.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,280.	15,414.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	106,090.	107,222.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	124,370.	122,636.	
19 Revenue less expenses. Subtract line 18 from line 12	-5,016.	2,276.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	267,378.	278,877.
	21 Total liabilities (Part X, line 26)	24,278.	33,501.
	22 Net assets or fund balances. Subtract line 21 from line 20	243,100.	245,376.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date
	President, Taylor Tamankel	1/10/2020

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ MERRITT, MCLANE & HAMBY, P.C.				
	Firm's address ▶ 401 CYPRESS ST STE 303 ABILENE, TX 79601-5146			Firm's EIN ▶	Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No