97

Form 990-1				75-602	2377		Page 2
Part I	I Total Unrelated Business Taxab	ole Income					
33	Total of unrelated business taxable income compute	ed from all unrelated trades or businesses	(see instructions)		33		0.
34	Amounts paid for disallowed fringes				34		
35	Deduction for net operating loss arising in tax years	beginning before January 1, 2018 (see ins	structions) S	TMT 1	35		0.
36	Total of unrelated business taxable income before s						
	lines 33 and 34	•			36		
37	Specific deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)		45	37	1,0	00.
38	Unrelated business taxable income Subtract line		ne 36.				
	enter the smaller of zero or line 36			31	38		0.
Part I							
39	Organizations Taxable as Corporations. Multiply I	ne 38 by 21% (0.21)		110	39		0.
40	Trusts Taxable at Trust Rates See instructions for		int on line 38 from				
40	Tax rate schedule or Schedule D (For	•			40		
41	Proxy tax. See instructions	,			41		
42	Alternative minimum tax (trusts only)				42		
· 42	Tax on Noncompliant Facility Income See Instruc	tione			43		
43 44	Total. Add lines 41, 42, and 43 to line 39 or 40, whi			45	44		0.
Part \		спочен арриса			1 44 1		
		rusts attach Form 1116\	45a	<u> </u>			
	Foreign tax credit (corporations attach Form 1118, t	rusis attacti i ortii 1110)	45b		1 1		
b	Other credits (see instructions)		45c		1		
C	General business credit Attach Form 3800	1 or 0007\	45¢	-	1		
d	Credit for prior year minimum tax (attach Form 880	1 01 0027)	450		45e		
	Total credits. Add lines 45a through 45d			,			0.
46	Subtract line 45e from line 44	Form 9014	0000		46		.
47	Other taxes. Check if from Form 4255	Form 86 I Form 8697 Form	8866 Othe	(attach schedule)	_		0.
48	Total tax. Add lines 46 and 47 (see instructions)	Towns OCE D. Dort H. columns (b) line C.			48		0.
49	2018 net 965 tax liability paid from Form 965-A or F	orm 965-B, Part II, column (k), line 2	الحما	50	49		<u> </u>
	Payments A 2017 overpayment credited to 2018	•	50a		1		
	2018 estimated tax payments		50b	2	1		
	Tax deposited with Form 8868		50c				
	Foreign organizations: Tax paid or withheld at source	e (see instructions)	50d				
е	Backup withholding (see instructions)	/ I =	50e				
f	Credit for small employer health insurance premium		50f				
9	_	rm 2439	.				
		her Total	► 50g				
51	Total payments. Add lines 50a through 50g				51		
52	Estimated tax penalty (see instructions). Check if Fo				52		
	Tax due. If line 51 is less than the total of lines 48,	•		.	53		
54	Overpayment If line 51 is larger than the total of lin		1		54		
55	Enter the amount of line 54 you want: Credited to 2 I Statements Regarding Certain			lefunded >	55		
Part \	_ 						- N-
56	At any time during the 2018 calendar year, did the o					Yes	No
	over a financial account (bank, securities, or other)						
	FinCEN Form 114, Report of Foreign Bank and Finar	icial Accounts. If "Yes," enter the name of	ine foreign country	у		<u> </u>	X
	here -					_	X
57	During the tax year, did the organization receive a d		r transteror to, a t	oreign trust?			╇
	If "Yes," see instructions for other forms the organiz	•					
58	Enter the amount of tax-exempt interest received or Under penalties of perjury, I declare that I have examined		I statements, and to the	ha hast of my knowles	too and holief it	e truo	
Sign	Under penalties of perjury, I declare that I have examined correct and complete Declaration of preparer (other than	taxpayer) is based on all information of which prep	erer has any knowled	ige	igo and beller, It I	3 4 00,	
Here	Addler Anow moil	ut 120 2-22 > 222	רובי אניים		ay the IRS discus		with
	Suparture of officer	PRESII	Ŋ.I.		preparer shown		ا _{دی} ا
						Yes	No
	Print/Type preparer's name	Preparer's signature	Date	Check if	f PTIN		
Paid	G11D T GM11 G1 TT 5			self- employed	D004	40500	
Prepa	rer CHRISTY CATES		<u></u>	<u> </u>		40503	-
Use C	nly Firm's name WHITLEY PENN		<u> </u>	Firm's EIN	15-2	39347	0
	1	STREET, SUITE 2200		Dhe	017105	0 010	^
	Firm's address ► FT. WORTH,	TX 76102		Phone no (<u>817)25</u>		
823711 01	09- 19				Forr	ո <mark>9</mark> 90-Т	(2018)

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Page 3

Colorado A. Condo Condo Co	Jal									
Schedule A - Cost of Goods Sc	Dia. Enter	method of inver	T: —				γ -			
1 Inventory at beginning of year	_1		_	Inventory at end of year			6			
2 Purchases	2		_	Cost of goods sold. Su						
3 Cost of labor	3		_	from line 5. Enter here a	and in f	Part I,	<u> </u>	ļ		
4 a Additional section 263A costs	l			line 2			7	<u> </u>		
(attach schedule)	4a		8	Do the rules of section :	263A (1	with respect to		L	Yes	No
b Other costs (attach schedule)	chedule) 4b property produced or acquired for resale) apply to							L		
5 Total Add lines 1 through 4b	5			the organization?				<u></u>		Х
Schedule C - Rent Income (Fro	m Real	Property and	i Pers	onal Property Lo	ease	d With Real Prop	erty)		
(see instructions)										
1 Description of property										
(1)										
(2)										
(3)										
(4)		_								
2	Rent receiv	ed or accrued		_		2(a) Dad ushana dunash				
(a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%)	ge of	of rent for p	personal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	je	3(a) Deductions directly columns 2(a) a	nd 2(b) (attach schedule)	ome in	
(1)							•			
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)	and 2(b) En	ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)				0.
Schedule E - Unrelated Debt-F	inanced	Income (see	ınstruc	tions)		r arti, inio o, colamir(b)				<u> </u>
			1	1.07.07		3. Deductions directly con	nected	with or allocable		
				Gross income from or allocable to debt-		to debt-finan	ced prop			
1 Description of debt-finance	property		financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		•	
(1)						· - ·	i			
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	:	8 Allocable d (column 6 x total 3(a) and	of colu	
(1)			†	%			+-			
(2)			\top	%			\top			
(3)			1	%						
(4)			\dagger	%			1			
A.V.			1			inter here and on page 1, Part I, line 7, column (A)		Enter here and o Part I, line 7, col		
Totala					•	0				0.
Totals Total dividends-received deductions include	مصامم ماسم	. 0					+			0.

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (toss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.
				· · · · · · · · · · · · · · · · · · ·		E 000-T (2010)

Form 990-T (2018) THE JUNIOR LEAGUE OF FORT WORTH, INC. 75-60223 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) LARIAT		8,326.	7,820.	506.		506.	506.
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	8,326.	7,820.	.			506.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to business 4 Compensation attributable to unrelated business 2. Title 1 Name (1)

(2) (3) % (4) Total Enter here and on page 1, Part II, line 14 0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/11	1,324.	1,324.	0.	0.
05/31/12	3,560.	168.	3,392.	3,392.
05/31/18	7,117.	0.	7,117.	7,117.
NOL CARRYOV	ER AVAILABLE THIS	10,509.	10,509.	