DLN: 93493027010020 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019 C Name of organization JUNIOR LEAGUE OF NEW ORLEANS INC D Employer identification number B Check if applicable □ Address change 72-6000609 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 4319 CARONDELET STREET ☐ Amended return ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA $\,$ 70115 G Gross receipts \$ 4,412,813 Name and address of principal officer H(a) Is this a group return for □Yes ☑No subordinates? H(b) Are all subordinates ☐ Yes ☐No included? Tax-exempt status □ 527 **✓** 501(c)(3) 4947(a)(1) or 501(c)() **◀** (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW JLNO ORG L Year of formation 1924 M State of legal domicile LA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE JUNIOR LEAGUE OF NEW ORLEANS IS AN ORGANIZATION OF WOMEN COMMITTED TO PROMOTING VOLUNTEERISM, DEVELOPING THE POTENTIAL OF WOMEN, AND IMPROVING COMMUNITIES THROUGH THE EFFECTIVE ACTION AND LEADERSHIP OF TRAINED VOLUNTEERS Activities & Governance ITS PURPOSE IS EXCLUSIVELY EDUCATIONAL AND CHARITABLE Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 11 2,030 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 974.973 633,246 Program service revenue (Part VIII, line 2g) . 7,650 10,025 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,373,191 24,560 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 52,451 16,610 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,059,634 3,033,072 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 71,921 174,531 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) 431,643 185,921 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶67,216 431,687 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 566,120 1,069,684 792,139 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,240,933 19 Revenue less expenses Subtract line 18 from line 12 . -10,050 Assets or displaying **Beginning of Current Year End of Year** 7,214,836 20 Total assets (Part X, line 16) . 5,163,530 21 Total liabilities (Part X, line 26) 49,130 2,881 Net assets or fund balances Subtract line 21 from line 20 5,114,400 7,211,955 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 2019-10-28 Signature of officer Date Sign Here CHRISTINE VINSON PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date 2020-01-27 Check 🗹 ıf P01078383 **Paid** self-employed Firm's name Amy E Corcoran CPA LLC Firm's EIN ► 82-1276091 Preparer Use Only Firm's address ► 1333 Soldiers Street Phone no (504) 957-7474 New Orleans, LA 70122 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)						Page 2					
Pa	statemen	nt of Program Ser	vice Accomplis	hments								
	Check if Sch	nedule O contains a re	sponse or note to	any line in this Part III			. 🗹					
1	Briefly describe the	organization's missio	n									
POTE	NTIAL OF WOMEN, A		MUNITIES THROUG		TO PROMOTING VOLUNTEERISI TION AND LEADERSHIP OF TRAI							
2	Did the organizatio	n undertake any signi	ficant program ser	vices during the year v	which were not listed on							
	the prior Form 990					☐ Yes	✓ No					
	•	hese new services on										
3	Did the organizatio	n cease conducting, o	r make significant	changes in how it cond	lucts, any program							
						. ⊔Yes	✓ No					
	If "Yes," describe t	hese changes on Sche	dule O									
4	Section 501(c)(3) a		ations are required	to report the amount	e largest program services, as m of grants and allocations to othe		ses					
4a	(Code) (Expenses \$	131,670	including grants of \$	125,300) (Revenue \$)						
	See Additional Data					·						
4b	(Code) (Expenses \$	50,757	ıncludıng grants of \$	50,000) (Revenue \$)						
	See Additional Data											
4c	(Code) (Expenses \$	14,972	including grants of \$	14,972) (Revenue \$)						
	See Additional Data											
	See Additional Dat	a Table										
4d	· · · · · · · · · · · · · · · · · · ·											
	(Expenses \$	362,604	including grants of	\$) (Revenue \$	14,567)						
4e	Total program se	rvice expenses >	560,0	03								

Par	t IV Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🛂	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
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		No
6		6		No
7		7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
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		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
Ь	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		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than 4E 000 of grants or other accistance to or for democtic individuals on Bort IV			

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Νo

22

Form	990 (2018)			Page 4
Pai	tiV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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," complete Schedule L, Part II	26		No
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.			

Yes

Yes

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No

38

16

0

1a

1b

Part V

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Check if Schedule O contains a response or note to any line in this Part V $\,$.

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Part VI

13

14

19

20

Section C. Disclosure

12a

12b

12c

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Nο

Nο

No

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	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			

			Yes	No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Ь	Each committee with authority to act on behalf of the governing body?	8 b		No
а	The governing body?	8a	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
	members of the governing body?	7a	Yes	

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

List the States with which a copy of this Form 990 is required to be filed▶

policy, and financial statements available to the public during the tax year

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in

Did the process for determining compensation of the following persons include a review and approval by independent

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

only) available for public inspection. Indicate how you made these available. Check all that apply ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

▶THE ORGANIZATION 4319 CARONDELET STREET NEW ORLEANS, LA 70115 (504) 891-5845

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

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 (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons
- 🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of or/t	t ch unle ficei rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) ALICE GLENN PRESIDENT	40 00	Х		×				0	0	0
(2) CHRISTINE VINSON	30 00	х		х				0	0	0
PRESIDENT-ELECT	0 00									
(3) KATHERINE BERNARD SECRETARY	10 00	×		х				0	0	0
(4) EMILY SCHAUMBURG	20 00									
TREASURER	0 00	X		X				0	0	0
(5) JENNIFER BERNARD ASSISTANT TREASURER	15 00 0 00	х		х				0	0	0
(6) ASHLEY BRENNAN BUSINESS COUNCIL DIRECTOR	10 00	Х						0	0	0
(7) ELIZABETH JANKE COMMUNITY COUNCIL DIRECTOR	10 00	Х						0	0	0
(8) KATHLYN BETHUNE WAYS & MEANS COUNCIL DIRECTOR	10 00	×						0	0	0
(9) MICHELLE PAYNE COMMUNICATIONS COUNCIL DIRECT	10 00	х						0	0	0
(10) SHON BAKER DEVELOPMENT COUNCIL DIRECTOR	10 00	Х						0	0	0
(11) MELISSA EVERSMEYER MEMBERSHIP COUNCIL DIRECTOR	10 00	Х						0	0	0
(12) LIZ SCHAFER NOMINATING COUNCIL DIRECTOR	10 00	Х						0	0	0
	-									Form 990 (2018)

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Part VII Section A. Officers, Direction	tors, Trustees	s, Key l	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, u in off tor/ti	t che inles ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former			related organizations

			_		
			·		

1b Sub-Total			*		
•					

1b Sub-Total		 		>			
c Total from continuation sheets to Pa	•			▶_			
d Total (add lines 1b and 1c)		 		>	0	0	0

1b Sub-Total		 		>			
c Total from continuation sheets to Pa	art VII , Section	>					
d = /					0	0	0

1b Sub-Total			*			
d Total (add lines 1b and 1c)	 		>	0	0	0

Lb Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000										

1b	Sub-Total					1	•				
С	Total from continuation sheets to Pa	art VII , Section	Α.				▶[
d	Total (add lines 1b and 1c)						▶		0	0	0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0										

1 b	b Sub-Total										
•	c Total from continuation sheets to Part VII, Section A ▶										
•	d Total (add lines 1b and 1c)										
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0										

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule 1 for such			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Nο

Nο

(C)

Compensation

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5

(B)

Description of services

individual .

Section B. Independent Contractors

compensation from the organization >

5

Part	90 (2018) VIII State	ment of	Revenue							Page 9
ган				a respo	onse or note to any	line in this Part VII				🗆
				·	ĺ	(A) Total revenue	(B) Relate exem funct) d or npt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federate	d campaigr	ns	1a			rever	nue		512 - 514
nts nts	b Members			1b	323,152					
isa 10 u	c Fundraisi	·		1c	49,805					
S, G An	d Related of	-		1d	+5,003					
Sife lar	e Governme	-			1					
s, (imi				1e	1					
ion r S		r amounts no	gifts, grants, ot included	1f	260,289					
the the		contributio	ons included							
Contributions, Gifts, Grants and Other Similar Amounts			- Included							
ತಿ ಕ	h Total. Ac	ld lines 1a-	1f	•	•	633,246				
<u>1</u>					Business	Code				
Service Revenue	2a NON-PROFI	T BOARD TRA	AINI			611710	10,025	10,0	25	
ď	b ———			_						
AC.	с ——									
35	u									
ran	-									
Program	f All other p	rogram sei	rvice revenue	2		10,025			•	<u> </u>
٩	9 Total. Add				<u> </u>	1				
	3 Investment similar amo		ncluding divid		nterest, and other	120,49	94			120,494
	4 Income from	m investme	ent of tax-ex	empt bo	ond proceeds					
	5 Royalties .				>					
			(ı) Rea	ıl	(II) Personal	_				
	6a Gross rent	:s								
	b Less renta	l expenses								
	c Rental inco	me or				-				
	(loss)									
	d Net renta	l income oi	r (loss)							
	7a Gross amou	nt	(ı) Securi	ties	(II) Other	-				
	from sales of assets other	of		562,014	2,850,000					
	than invento									
	b Less cost of other basis		i	528,413	730,904	1				
	sales exper	nses		Ť						
	c Gain or (los			133,601	2,119,096	2,252,69	0.7			2,252,697
	8a Gross Inco			ents	<u> </u>	7				2,232,037
	(not includ	ling \$	49,805	of						
Other Revenue	contribution See Part IV	ns reporte /, line 18	d on line 1c)	a	 57,297					
Re	b Less direc	t expenses	5	b	45,229	_				
ē	c Net incom	e or (loss)	from fundra	sing ev	ents	12,06	58			12,068
o e	9a Gross Inco See Part IV	me from g /, line 19		ies						
		,		а	l					
	b Less direc	t expenses	5	b]				
			from gaming	activit	les >	-				
	10a Gross sale returns an	s of invent d allowanc								
				а	74,478					
	b Less cost	of goods s	old	b	75,195	_				
			from sales of	finvent		-71	.7	-717		
-	11a _{OTHER} IN	cellaneous	Revenue		Business Code	5,25	59	5,259		
	OTHEK IN	COME			30003.			-,233		
	ь									
	с ———									
	d All other re	evenue .								
			-11d		· •					
	12 Total rev	enue. See	Instructions			5,25				
						3,033,07	72	14,567		0 2,385,259 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	-	·	, ,	🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	174,531	174,531		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	152,885	66,175	43,355	43,355
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	20,838	10,110	5,364	5,364
10 Payroll taxes	12,198	5,918	3,140	3,140
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	32,013		32,013	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	24,781		24,781	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,457		18,457	
12 Advertising and promotion				
13 Office expenses	45,234	17,484	24,922	2,828
14 Information technology				
15 Royalties				
16 Occupancy	41,826	40,910	611	305
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,252	27,404	565	283
23 Insurance	43,605	35,968	1,902	5,735
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS EXPENSES	83,510	71,684	6,005	5,821
b DUES & SUBSCRIPTIONS	84,593	83,538	1,055	
c PROFESSIONAL DEVELOPMENT	29,416	26,281	2,750	385

792,139

560,003

164,920

67,216

Form **990** (2018)

d

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)

20

21

23

24

26

27

28

29

Liabilities 22

Assets or Fund Balances

Net

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			307,102	1	191,158
	2	Savings and temporary cash investments .			191,668	2	489,729
	3	Pledges and grants receivable, net		•	604,731	3	603,197
	4	Accounts receivable, net			16,759	4	65,067
its	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ited er . fied pe n 4958 itions ((see in	rsons (as defined under 8(c)(3)(B), and of section 501(c)(9) structions) Complete		6	
ssets	8	Inventories for sale or use			71,535	8	
ď	9	Prepaid expenses and deferred charges			54,142	9	34,581
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	695,789			
	b	Less accumulated depreciation	10 b	500,799	261,197	10 c	194,990

ē	7	Notes and loans receivable, net	otes and loans receivable, net							
sset	8	Inventories for sale or use	71,535	8						
4	9	Prepaid expenses and deferred charges	54,142	9						
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	695,789						
	ь	Less accumulated depreciation	261,197	10c	1					
	11	Investments—publicly traded securities .	3,237,865	11	5,6					
	12	Investments—other securities See Part IV, line		12						
	13	Investments—program-related See Part IV, line		13						
	14	Intangible assets	Intangible assets							
	15	Other assets See Part IV, line 11	418,531	15						
	16	Total assets.Add lines 1 through 15 (must equ	5,163,530	16	7,2					
	17	Accounts payable and accrued expenses	Accounts payable and accrued expenses							
	18	Grants payable				18				

b	Less accumulated depreciation	10b	500,799	261,197	10 c	194,990	
11	Investments—publicly traded securities .	3,237,865	11	5,636,114			
12	Investments—other securities See Part IV, line		12				
13	Investments—program-related See Part IV, line	11 .			13		
14	Intangible assets				14		
15	Other assets See Part IV, line 11		418,531	15			
16	Total assets.Add lines 1 through 15 (must equ	Total assets.Add lines 1 through 15 (must equal line 34)					
17	Accounts payable and accrued expenses		•	49,130	17	2,881	
18	Grants payable				18		
19	Deferred revenue				19		

20

21

22 23

24

25

26

27

28

29

2.881

6,537,193

674,762

49.130

4,457,807

656,593

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	T			,	000.070
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	,033,072
2	Total expenses (must equal Part IX, column (A), line 25)	2			792,139
3	Revenue less expenses Subtract line 2 from line 1	3			240,933
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			114,400
5	Net unrealized gains (losses) on investments	5		•	143,378
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7	211,955
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Additional Data

Software ID:

Software Version:

EIN: 72-6000609

Name: JUNIOR LEAGUE OF NEW ORLEANS INC.

Form 990 (2018)

Form 990, Part III, Line 4a:

DIAPER BANK FILLING THE DIAPER GAP BY RAISING AWARENESS AND PROVIDING FAMILY ASSISTANCE, JUNOS DIAPER BANK DISTRIBUTED OVER 600,000 DIAPERS THIS YEAR, AND THAT NUMBER KEEPS GROWING WITH EXPENSES OF \$131,670, INCLUDING \$125,300 OF GRANTS AND ASSISTANCE

Form 990, Part III, Line 4b: COMMUNITY ASSISTANCE FUND. ILNO GRANTS MONEY TO NONPROFIT AGENCIES THAT CAN EFFECTIVELY DEMONSTRATE THAT THEY HAVE A DIRE NEED FOR FUNDING. AND SEEK TO ADVANCE THE WELLBEING OF WOMEN TOTAL GRANTS AWARDED - \$50,000 WITH EXPENSES OF \$757

SCHOLARSHIPS - JLNO LAUNCHED A SCHOLARSHIP OPPORTUNITY IN 2018 TO HELP WOMEN OBTAIN DEGREES OR CERTIFICATES NECESSARY FOR JOINING THE WORKFORCE OR FOR ADVANCEMENT WITHIN THEIR CAREERS THE SCHOLARSHIP OPPORTUNITY IS GEARED TOWARDS NON-TRADITIONAL FEMALE STUDENTS LOOKING TO BEGIN POST-SECONDARY PROGRAMS OR NEEDING THE SUPPORT TO HELP COMPLETE THE FINAL TERM OF THEIR PROGRAMS HELPING TO ALLEVIATE EDUCATIONAL

FINANCIAL BURDEN ALLOWS JUNO SCHOLARS THE OPPORTUNITY FOR ECONOMIC SUCCESS AND INDEPENDENCE

Form 990, Part III, Line 4c:

others, the total expenses, and revenue, if any, for each program service reported. (Code (Expenses \$ 14.900 including grants of \$) (Revenue \$

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

MISC

(Code (Expenses \$ including grants of \$ (Revenue \$ 14,900

others, the total expenses, and revenue, if any, for each program service reported. (Code (Expenses \$ 14.900 including grants of \$) (Revenue \$

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

MISC

(Code (Expenses \$ including grants of \$ (Revenue \$ 14,900

others, the total expenses, and revenue, if any, for each program service reported. (Code (Expenses \$ 14.900 including grants of \$) (Revenue \$

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

MISC

(Code (Expenses \$ including grants of \$ (Revenue \$ 14,900

others, the total expenses, and revenue, if any, for each program service reported. (Code (Expenses \$ 14.900 including grants of \$) (Revenue \$

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

MISC

(Code (Expenses \$ including grants of \$ (Revenue \$ 14,900

		, for each program service reported.	-	
(Code) (Expenses \$	14 900 including grants of \$) (Revenue \$)

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

MISC	(Code) (Expenses \$	14,900	including grants of \$) (Revenue \$)
	MISC					

others, the total expenses, and revenue, if any, for each program service reported.										
(Code) (Expenses \$	14 900 including grants of \$) (Revenue \$)						

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

MISC	(Code) (Expenses \$	14,900	including grants of \$) (Revenue \$)
	MISC					

others, the total expenses, and revenue, if any, for each program service reported.										
(Code) (Expenses \$	14 900 including grants of \$) (Revenue \$)						

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

MISC	(Code) (Expenses \$	14,900	including grants of \$) (Revenue \$)
	MISC					

others, the total expenses, and revenue, if any, for each program service reported.										
(Code) (Expenses \$	14 900 including grants of \$) (Revenue \$)						

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

MISC	(Code) (Expenses \$	14,900	including grants of \$) (Revenue \$)
	MISC					

others, the total expenses, and revenue, if any, for each program service reported.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code (Expenses \$ 14.900 including grants of \$) (Revenue \$ MISC

(Code (Expenses \$ including grants of \$ (Revenue \$ 14,900 5,259)

others, the total expenses, and revenue, if any, for each program service reported. (Code (Expenses \$ 14.900 including grants of \$) (Revenue \$

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

MISC

(Code (Expenses \$ including grants of \$ (Revenue \$ 14,900

others, the total expenses, and revenue, if any, for each program service reported. (Code (Expenses \$ 14.900 including grants of \$) (Revenue \$

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

MISC

(Code (Expenses \$ including grants of \$ (Revenue \$ 14,900

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported.

ALSO PROVIDES A \$7.500 GRANT TO THE WINNER OF THE WE FELLOWSHIP PITCH EVENT

(Code) (Expenses \$ 10,747 including grants of \$) (Revenue \$

IEMERGENCY RESPONSE FUND - NEW ORLEANIANS KNOW ALL TOO WELL THE DEVASTATING EFFECTS OF HURRICANES AND FLOODS, AND THE JUNIOR LEAGUE OF NEW ORLEANS PROVIDED ASSISTANCE TO THOSE IN THE PATH OF HURRICANE FLORENCE OVER THE PAST TWO YEARS. IJLNOS DIAPER BANK HAS HELPED FAMILIES IN FLOOD AND HURRICANE AFFECTED AREAS ADDRESS THE NEEDS OF THEIR BABIES

(Code) (Expenses \$ 8,270 including grants of \$) (Revenue \$

WE FELLOWSHIP A YEARLONG PROGRAM SUPPORTING A FEMALE ENTREPRENEUR BUSINESS OWNER WITH MENTORING AND IN-KIND SERVICES

SOURCED THROUGH JLNOS MEMBERSHIP, SUCH AS LEGAL, ACCOUNTING, MARKETING, AND CONSULTING GUIDANCE THE WE FELLOWSHIP

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported.

XXX ADOLESCENTS IN SUMMER WORKSHOPS

(Code) (Expenses \$ 6,496 including grants of \$) (Revenue \$ COVENANT HOUSE - JLNO MEMBERS PLAN AND HOST MONTHLY BIRTHDAY CELEBRATIONS FOR THE COVENANT HOUSE RESIDENTS ABOUT 50

RESIDENTS ATTEND EACH MONTH, AND BETWEEN 5 AND 8 (BOTH YOUTH AND CHILDREN) HAVE A BIRTHDAY EACH MONTH. BY HOSTING MONTHLY BIRTHDAY CELEBRATIONS. JLNO VOLUNTEERS SHARE JOY AND LOVE WITH THESE YOUNG RESIDENTS AND LEARN OF THEIR RESILIENCY AND PROMISE

(Code) (Expenses \$ 5,117 including grants of \$) (Revenue \$

SAFE SITTER PREPARING YOUNG PEOPLE FOR THE PROFOUND RESPONSIBILITIES OF NURTURING AND PROTECTING CHILDREN, TRAINED OVER

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

RESPONSIBILITIES AND HOW THESE RESPONSIBILITIES RELATE TO OTHERS WITHIN THE ORGANIZATION

others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ including grants of \$) (Revenue \$ 3.107

MISC (Code) (Expenses \$ 610 including grants of \$) (Revenue \$ 10,025) GET ON BOARD - STARTED IN 2008, GET ON BOARD IS A SINGLE DAY WORKSHOP PROVIDING KNOWLEDGE AND SKILLS TO CURRENT BOARD

AND STAFF MEMBERS AND THOSE THAT WISH TO BE PLACED ON A NONPROFIT BOARD AT THE CONCLUSION OF THE TRAINING THROUGH

ENGAGING PRESENTATIONS FROM NONPROFIT EXPERTS AND INTERACTIVE ROLE-PLAYING, PARTICIPANTS LEARN A BOARD MEMBERS

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported.

MEMBERS FOR OTHER NONPROFITS AND ALSO STILL CONTINUES OCCASSIONAL LUXURY FOR LESS SALES

(Code) (Expenses \$ 457 including grants of \$) (Revenue \$ FINANCIAL LITERACY - JLNO HAS DEVELOPED A FINANCIAL LITERACY FOR WOMEN CURRICULM WHICH FOCUSES ON THE FIRST FIVE KEY

FINANCIAL TOPICS OF BANKING, BORROWING, BUGDETING, SAVING, AND INVESTING ALL EVENTS IN THIS PROGRAM ARE FREE AND OPEN TO THE PUBLIC APPROXIMATELY. XX WOMEN PARTICIPATED IN THE MONTHLY EVENTS (Code) (Expenses \$ including grants of \$) (Revenue \$ -717)

THRIFT SHOP A STORE OFFERING QUALITY NEW AND SECOND-HAND MERCHANDISE AT AFFORDABLE PRICES INCLUDED WITH THRIFT SHOP IS LUXURY FOR LESS, WHICH INCLUDES POP UP SALES OF HIGHER-END MERCHANDISE THIS IS RUN OUT OF THE THRIFT SHOP ON VARIOUS DAYS

THROUGHOUT THE YEAR THE MEMBERS SUPPORT BLOOMINDEALS AND LUXURY FOR LESS BY DONATING MERCHANDISE AND WORKING

VOLUNTEER SHIFTS GROSS SALES TOTALED \$74,478 ON AUGUST 1, 2018, THE ORGANIZATION SOLD THE THRIFT SHOP PROPERTY THE

THRIFT SHOP OPERATIONS CEASED AT THE TIME OF SALE HOWEVER, THE ORGANIZATION CONTINUES TO COLLECT DONATIONS FROM ITS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

THEIR FAMILIES

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ including grants of \$) (Revenue \$

KIDS IN THE KITCHEN REDUCING OBESITY AND POOR NUTRITION BY EDUCATING CHILDREN AND FAMILIES ON HEALTHY CHOICES. HOSTED EVENTS FOR STUDENTS AND PARTICIPATED IN LOCAL FESTIVALS PROVIDING HEALTHY FATING EDUCATION TO HUNDREDS OF CHILDREN AND

SCHEDU Form 990 (90EZ)	or	Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form! www.irs.gov/Form!	ion 501(c)(3) mpt charitable 990 or Form 99	organization or e trust. 90-EZ.	a section	2018 Open to Public	
epartment of the sternal Revenue lame of the	Service	on	- 40 10	www.irs.gov/Forms	Employer identific	Inspection			
UNIOR LEAGUE OF NEW ORLEANS INC							72-6000609		
				us (All organization					
ne organizati	on is not a	private foun	dation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)			
1	church, co	nvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).		
2	school des	cribed in se	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))			
3 🗌 A	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
	-	ion operated v). (Comple		it of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170	
		• .	•	governmental unit de	scribed in secti	on 170(b)(1)(A	\)(v).		
			mally receives vi). (Complete	a substantial part of it Part II)	s support from a	a governmental u	ınıt or from the gener	al public described i	
3 🗆 A	community	/ trust descr	bed in sectio i	n 170(b)(1)(A)(vi)	(Complete Part 1	II)			
				escribed in 170(b)(1) See instructions Enter				lege or university or	
fr Ir	om activitie ivestment i	es related to ncome and u	its exempt fur inrelated busir	(1) more than 331/39 nctions—subject to cer ness taxable income (le pmplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross	
	•			d exclusively to test fo	r public safety	See section 509	(a)(4).		
∟ m	nore publicl	y supported	organizations :	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a		
	ype I. A su rganization	ipporting org (s) the powe	anızatıon oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	supported organiz	zation(s), typically by		
m	nanagemen	t of the supp		pervised or controlled in ation vested in the sar and C.					
				supporting organizatio				ated with, its	
l	ype III no unctionally	n-functional	ally integrate he organizatio	d. A supporting organi in generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgai		
	•		•	ved a written determir	•		pe I, Type II, Type II	I functionally	
_	ntegrated, o	or Type III n		integrated supporting		•			
				upported organization(1			T	
(i) Name of supported organization						(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)		
					Yes	No			
		'							
tal .									
otal			Al V	 nstructions for	Cat No 1128.	<u> </u>	 Schedule A (Form 9	20 200 57) 20	

instructions

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	III. If the organization fai						ry under rait
	ection A. Public Support	is to quality at	ider the tests his	tea below, pieus	se complete run	C 111.)	
	Calendar year		I				
	(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 grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
•	line 4						
S	ection B. Total Support		•	•	•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(b)2015	(6)2016	(4)2017	(e)2018	(T)TOLAT
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI) Total support. Add lines 7 through						
11	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)		1	12	
13	First five years. If the Form 990 is for	-			•	1 / 1 / -	
	check this box and stop here					<u> ▶ L</u>	
S	ection C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2018 (line	e 6, column (f) d	ıvıded by line 11, o	column (f))		14	
15	Public support percentage for 2017 Sch	edule A, Part II,	line 14			15	
	33 1/3% support test-2018. If the			on line 13, and lin	e 14 is 33 1/3% oi		box
	and stop here. The organization qualif					,	▶□
	33 1/3% support test—2017. If the				and line 15 is 22 i	/3% or more char	ok this
D		-			alid lille 13 15 33 1	73 70 OF HIOTE, CHEC	_
	box and stop here. The organization						▶□
17 a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	ne "racts-and-cir	cumstances" test	ine organization	qualifies as a publi	iciy supported	_
	organization						▶□
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization	meets the "fact	s-and-circumstand	es" test The orga	nization qualifies a	as a publicly	
	supported organization						▶ □
18	Private foundation. If the organizatio	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	_

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ightharpoons

Schedule A (Form 990 or 990-EZ) 2018

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 include any "unusual grants")	1,017,681	973,058	1,020,476	974,973	633,246	4,619
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	554,623	496,479	448,071	468,361	84,503	2,052

	(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")	1,017,681	973,058	1,020,476	974,973	633,246	4,619,434
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	554,623	496,479	448,071	468,361	84,503	2,052,037
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						

	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						
6	Total. Add lines 1 through 5	1,572,304	1,469,537	1,468,547	1,443,334	717,749	6,671,471
7a	Amounts included on lines 1, 2, and						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						6,671,471
	from line 6)						3,671,471
Se	ction B. Total Support						

	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c from line 6)						6,671,471
Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) ⊤otal
9	Amounts from line 6	1,572,304	1,469,537	1,468,547	1,443,334	717,749	6,671,471
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,765	63,507	67,147	71,550	120,494	387,463
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	406 10 10-	64 765	62 507	67 147	71 550	120 404	207.462

	10 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						6,671,471
Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,572,304	1,469,537	1,468,547	1,443,334	717,749	6,671,471
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,765	63,507	67,147	71,550	120,494	387,463
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	64,765	63,507	67,147	71,550	120,494	387,463
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)	11,716	53,011	17,746	91,817	5,259	179,549
13	Total support. (Add lines 9, 10c, 11, and 12)	1,648,785	1,586,055	1,553,440	1,606,701	843,502	7,238,483
14	First five years. If the Form 990 is fo	r the organization'	s first, second, th	ird, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anızatıon,

	(or fiscal year beginning in) ▶	(a) 2014	(D) 2013	(6) 2016	(a) 2017	(e) 2	710	(I) Total
9	Amounts from line 6	1,572,304	1,469,537	1,468,547	1,443,334		717,749	6,671,471
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,765	63,507	67,147	71,550		120,494	387,463
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	64,765	63,507	67,147	71,550		120,494	387,463
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)	11,716	53,011	17,746	91,817		5,259	179,549
13	Total support. (Add lines 9, 10c, 11, and 12)	1,648,785	1,586,055	1,553,440	1,606,701		843,502	7,238,483
14	First five years. If the Form 990 is fo	r the organization	i's first, second, th	nird, fourth, or fiftl	h tax year as a sec	tion 501(c)(3) org	ganızatıon,
	check this box and stop here							▶ □
Se	ection C. Computation of Public	Support Perce	ntage			•	•	
15	Public support percentage for 2018 (III	ne 8, column (f) d	ivided by line 13,	column (f))	•	15	•	92 170 %
16	Public support percentage from 2017 !	Schedule A, Part II	II, line 15			16		93 630 %

_Se	ction D. Computation of Invest	ment Income	Percentage					
16	Public support percentage from 2017	Schedule A, Part I	II, line 15			16		93 630 %
15	Public support percentage for 2018 (li		•	column (f))		15		92 170 %
Se	ction C. Computation of Public							
	check this box and stop here							▶ □
14	First five years. If the Form 990 is for	or the organization	n's first, second, th	nird, fourth, or fift	th tax year as a se	ction 501	(c)(3) or	ganization,
13	Total support. (Add lines 9, 10c, 11, and 12)	1,648,785	• •				843,502	7,238,483
12	or loss from the sale of capital assets (Explain in Part VI)	11,716	53,011	17,746	91,817		5,259	179,549
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
c	Add lines 10a and 10b	64,765	63,507	67,147	71,550		120,494	387,463
	(less section 511 taxes) from businesses acquired after June 30, 1975							
D	Uniterated business taxable income					I		

	11, and 12)	1,648,785	1,586,055	1,553,440	1,000,701	843,502	7,238,48.
14	First five years. If the Form 990 is for	or the organization's fi	rst, second, thırd	, fourth, or fifth ta	ax year as a section	n 501(c)(3) org	janization,
	check this box and stop here						▶ □
Se	ection C. Computation of Public	Support Percenta	ge				
15	Public support percentage for 2018 (li	ne 8, column (f) dıvıde	ed by line 13, col	umn (f))		15	92 170 %
16	Public support percentage from 2017	Schedule A, Part III, lı	ne 15			16	93 630 %
Se	ection D. Computation of Invest	tment Income Per	centage				
	Tubub	10 /line 10- asliman /	E \	17! (6))			

	check this box and stop here		
S	ection C. Computation of Public Support Percentage		
15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	92 170 %
16	Public support percentage from 2017 Schedule A, Part III, line 15		93 630 %
	action D. Computation of Investment Income Borgantage	<u> </u>	

_ 5	ection c. computation of Fublic Support Fercentage		
15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	92 170 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	93 630 °
Se	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	5 000 °

- Investment income percentage from 2017 Schedule A, Part III, line 17 18
- 4 000 % 19a 331/3% 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 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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 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)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 3b 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 3с 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 4a 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 4b supervised by or in connection with its supported organizations

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 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)

7 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)

8 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.

9a 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

ocn:	edule A (Form 990 or 990-EZ) 2018		F	Page 5
Pa	rt 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		
C	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	11 c		
S	ection 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	2		
	organization	-		
S	ection 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		
				<u> </u>
	ection 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?		103	
		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		
S	ection 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 year (see instruction)	ons)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
			_L \	
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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 that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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	21:		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? <i>Provide details in Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash 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	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c 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

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID:

Software Version: FIN: 72-6000609

Name: JUNIOR LEAGUE OF NEW ORLEANS INC

Name: Jonion Eladol of New Onleans inc

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D

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

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.

Cat No 52283D

Schedule D (Form 990) 2018

DLN: 93493027010020 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

ntern	ial Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for the latest inf	formation.		Ins	spection
	me of the organ				Employer id	entification	number
JUN	IIOR LEAGUE OF NEV	N ORLEANS INC			72-6000609		
Pa	art I Organi	izations Maintaining Donor Advis	ed Funds or Other Simila	r Funds o	l		
		ete if the organization answered "Yes	s" on Form 990, Part IV, line	6.			
			(a) Donor advised fund	ds	(b)Fund	s and other a	accounts
1	Total number at	, , , , , , , , , , , , , , , , , , ,					
2		of contributions to (during year)					
3		of grants from (during year)					
4	Aggregate value	· L					
5		ation inform all donors and donor advisor property, subject to the organization's ex		ın donor adv	/ised funds are	_	Yes 🗌 No
6		ation inform all grantees, donors, and do oses and not for the benefit of the donor ,				rmissible	Yes 🗌 No
Pa	rt III Conser	rvation Easements. Complete If th	e organization answered "Ye	es" on Form	1 990, Part IV	, line 7.	
1	Purpose(s) of co	onservation easements held by the organ	ızatıon (check all that apply)				
	Preservati	on of land for public use (e g , recreation	or education) Preserv	vation of an	historically imp	ortant land a	area
	☐ Protection	of natural habitat	Preserv	vation of a co	ertified historic	structure	
	☐ Preservati	on of open space					
2		2a through 2d if the organization held a cle last day of the tax year	qualified conservation contribution	on in the form		ation at the End o	of the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	estricted by conservation easements			2b		
С	Number of cons	ervation easements on a certified historic	structure included in (a)		2c		
d		ervation easements included in (c) acquii in the National Register	red after 7/25/06, and not on a l	historic	2d		
3	Number of cons tax year ►	servation easements modified, transferred	d, released, extinguished, or teri	minated by t	he organization	n during the	
4	Number of state	es where property subject to conservation	n easement is located ►				
5		ızatıon have a wrıtten polıcy regardıng th nt of the conservatıon easements ıt holds		n, handling o	f violations,	☐ Yes	□ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ing, handling of violations, and	enforcing co	nservation eas	ements durin	ng the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enfor	cing conserv	ation easemen	ts during the	e year
8	Does each cons and section 170	ervation easement reported on line 2(d)	above satisfy the requirements o	of section 17	'0(h)(4)(B)(ı)	☐ Yes	Пма
9	In Part XIII, des	scribe how the organization reports conse and include, if applicable, the text of the				and	⊔ No
Par	t IIII Örgani	n's accounting for conservation easement izations Maintaining Collections	of Art, Historical Treasure		er Similar As	ssets.	
		ete if the organization answered "Yes					
1a	art, historical tr	ion elected, as permitted under SFAS 110 easures, or other similar assets held for i XIII, the text of the footnote to its finan	public exhibition, education, or r	esearch in fu			
b	historical treasu	non elected, as permitted under SFAS 110 ures, or other similar assets held for publi nts relating to these items					
(_	ded on Form 990, Part VIII, line 1			▶ \$		
		l in Form 990, Part X					
2	If the organizat	in Form 990, Falt X non received or held works of art, historic nts required to be reported under SFAS 1					
а	_	ed on Form 990, Part VIII, line 1	11 (100 500) relating to these i		▶ \$		
		in Form 990, Part X			• *_ • \$		

Par	1111	Organizations Ma	aintaining Col	lections of a	Art, Histori	cal T	reası	ires, o	r Other :	Similar As	sets (conti	nued)	
3		g the organization's acq s (check all that apply)	uisition, accession	n, and other re	cords, check	any of	the fo	llowing t	hat are a	sıgnıfıcant u	se of its coll	ection	
а		Public exhibition			d		Loan	or exch	ange prog	rams			
b		Scholarly research			е		Othe	r					
С		Preservation for future	e generations										
4	Provi Part :	de a description of the XIII	organization's col	lections and ex	kplain how the	ey furt	her the	e organiz	zation's ex	empt purpo	se in		
5		ng the year, did the organise to be sold to raise fur								ılar	☐ Yes	□ N	0
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1a		e organization an agent ded on Form 990, Part)		an or other int	ermediary for	contri	bution	s or oth	er assets i	not	☐ Yes	□ N	o
Ь	τ ε "∀ε	es," explain the arrange	ment in Part VIII	and complete	the following	table				Δ	mount		_
c		nning balance	ment mrait XIII	and complete	the following	table			1c				-
d	_	ions during the year							1d				-
e		butions during the year	-						1e				-
f		ng balance							1f				-
		-										$\overline{}$	-
2a		he organization include									_	∐ N	0
		es," explain the arrange											
Pa	rt V	Endowment Fund	ds. Complete if										
1 2	Reginn	ning of year balance .		(a)Current y	7,865	rior yea	1,472	(c)IWO y	ears back 2,834,567	(d)Three yea	15 Dack (e)F	our year 2 1	576,071
	_	• ,			4,140		5,015		16,007	2,	14,494	۷,	33,591
		outions			8,643		4,828		220,840		155,404		-13,000
		vestment earnings, gair					.,						
		or scholarships											
		expenditures for facilities ograms	es										
		istrative expenses .		2	3,537	1	7,450		16,942		16,042		15,952
		year balance		5,40	7,111	3,23	7,865		3,054,472	2,8	334,568	2,	580,710
2		de the estimated percei	ntage of the curre	ent year end h	alance (line 1)) held a	· · · · · · · · · · · · · · · · · · ·			· ·	 _
a		d designated or quasi-e	=	100 000 %	alance (inte 1	g, colu	iiii (a)) Held a	3				
		anent endowment >		200 000 70									
b			umant 🏲										
С		porarily restricted endov		ld agust 100%									
3a		percentages on lines 2a, here endowment funds				t are h	ald an	ıd admın	istered for	r the			
Ju		nization by	not in the posses	Sion or the org	jumzacion cha	c are n	icia an	a aannin	istered for	· cric		Yes	No
	(i) u	nrelated organizations									3a(i)		No
	(ii) r	elated organizations .									3a(ii)		No
b		es" on 3a(II), are the rel	_	•			? .				3b		
4	Desci	ribe in Part XIII the inte	ended uses of the	organization's	endowment i	funds							
Par	t VI	Land, Buildings,					T 1 / 1		c -	000 5			
	Docer	Complete If the ordinate of the complete of th	ganization answ (a) Cost or oth		on Form 990 b) Cost or other				. See For umulated d			ok valu	
	Descri	iption of property	(investme		b) cost or other	Dasis (other)	(6) 400	umulateu u	epreciation	(u) b	JOK Valu	-
4.	1 1						25 500						25 500
	Land						25,500	<u> </u>		F0 44.			25,500
	Buildin	-					52,664			52,664			460.07:
		nold improvements					75,761			407,667			168,094
d	Equipn	nent					24,664			23,268			1,396
е	Other			[17,200			17,200			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	Saa Form 990 Part V lina 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990. P	art IV. line	e 11c. See Fo	rm 990. Par	t X. line 13.
	(a) Description of investment		ok value		(c) Method of	
(1)				Cost	or end-or-yea	ir market value
(2)						
3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X. col (B) line 13)					
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX			n 990, Part	IV, line 11d S	See Form 990,	Part X, line 15 (b) Book value
9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	iee Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d S	See Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15 Other Liabilities. Complete if the organization a	n				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15	n		 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forr	 n 990, Part I		(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Other (Describe in Part XIII)

Add lines 2a through 2d

Supplemental Information

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

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

Add lines **4a** and **4b**

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

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

Page 4

2,985,337

120,424

767,358

24,781

792.139

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

1

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

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

2b

2c

2d

4a

4b

Explanation

120,424

24,781

2e

3

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 72-6000609

Name: JUNIOR LEAGUE OF NEW ORLEANS INC.

T GIVING IS BASED ON MINIMUM PORTFOLIO VALUES AND OCCURS ONLY WHEN MINIMUM IS REACHED

Return Reference

Explanation

Endowment funds intended uses

(Part V, line 4)

Supplemental Information	
Return Reference	Explanation
Other revenues not included on Form 990 (Part XI, line 2d)	SPECIAL EVENT DIRECT COSTS 45,229COST OF GOODS SOLD 75,195TOTAL 120,424

.

Supplemental Information	
Return Reference	Explanation
Other expenses not included on Form 990 (Part XII, line 2d)	SPECIAL EVENT DIRECT COSTS 45,229COST OF GOODS SOLD 75,195TOTAL 120,424

-

upplemental Information						
Return Reference	Explanation					
Footnote for uncertain tax position under FIN 48 (Part X)	JLNO IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE JLNO HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS, AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS JLNO HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PENALTIES AND INTEREST ASSESSED BY INCOME TAX AUTHORITIES, IF ANY, WOULD BE INCLUDED IN INCOME TAX EXPENSE					

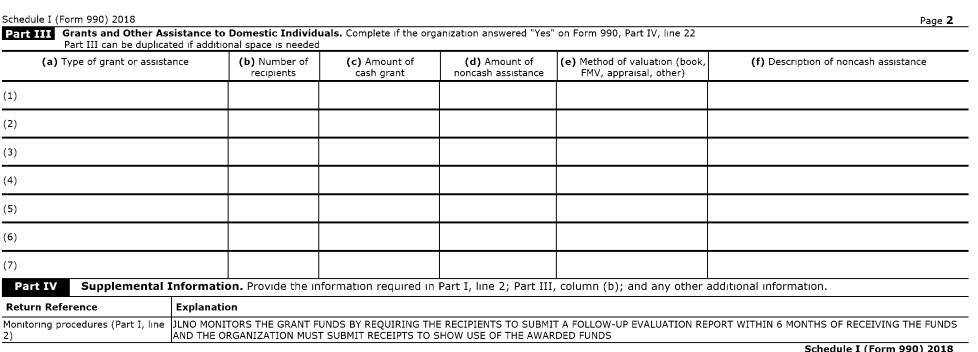
efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493027010020 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 2018 Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a **Open to Public** Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization JUNIOR LEAGUE OF NEW ORLEANS INC 72-6000609 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 Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations

i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid t (or retained by) organization
		Yes	No			
tal						

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ►						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493027010020 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number JUNIOR LEAGUE OF NEW ORLEANS INC 72-6000609 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018



Additional Data

LUKES HOUSE

2023 SIMON BOLIVAR AVENUE

NEW ORLEANS, LA 70113

Software Version: EIN: 72-6000609 Name: JUNIOR LEAGUE OF NEW ORLEANS INC

Software ID:

Form 990,Sche	dule I, Part II, Gr	ants and Other A	ssistance to Domes	tic Organizations a	and Domestic

26-0332262

Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Gove
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Me

orm 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.
(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisa

501C3

Domest	ic Governments.		
ınt of non- ash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of gr or assistance

SUPPLIES LAB TESTS

SPECULUMS

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION SPARK 2539 COLUMBUS STREET 3RD	47-1514606	501C3	6,000				CHILDCARE STIPENDS

OPERATION SPARK 2539 COLUMBUS STREET 3RD FLOOR NEW ORLEANS, LA 70119	47-1514606	501C3	6,000		CHILDCARE STIPENDS

12,500

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0743677 501C3 5.000 ODYSSEY HOUSE LOUISIANA IHYGIENE PRODUCTS & INC SUPPLIES

1125 N TONTI STREET NEW ORLEANS, LA 70119 GIRL SCOUTS LOUISIANA 72-0453615 501C3 7.110

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70121

MEMBERSHIP DUES EAST UNIFORMS SUPPLIES 841 S CLEARVIEW PARKWAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

MERCY ENDEAVORS 457 JACKSON AVENUE NEW ORLEANS, LA 70130	26-0502228	501C3	10,500		FOOD & PROGRAMMING FOR SENIORS
TULANE UNIVERSITY	72-0423889	501C3	9.872		SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-6000817 5.000 SCHOLARSHIPS SOUTHERN UNIVERSITY OF GOVERNMENTAL NEW ORLEANS 6400 PRESS DRIVE NEW ORLEANS, LA 70126

5.000 COST

DIAPERS

TO PROVIDE DIAPERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

DIAPER BANK OF NORTH

CAROLINA 1311 E CLUB BLVD DURHAM, NC 27704 32-0401621

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-6152202 501C3 5.000 COST DIAPERS TO PROVIDE DIAPERS JUNIOR LEAGUE OF PANAMA CITY 309 W 5TH STREET

PANAMA CITY, FL 32401 501C3 15.355 COST DIAPERS ST THOMAS COMMUNITY 14-1958494

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW ORLEANS, LA 70130

TO PROVIDE DIAPERS HEALTH CENTER 1020 ST ANDREW STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 72-0956468 501C3 9.015 COST DIAPERS SECOND HARVEST FOOD BANK TO PROVIDE DIAPERS 700 EDWARDS AVENUE

13,275 COST

DIAPERS

TO PROVIDE DIAPERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

NEW ORLEANS, LA 70123

DAUGHTERS OF CHARITY

NEW ORLEANS, LA 70178

PO BOX 4148

72-1332678

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 72-0408911 501C3 12.140 COST DIAPERS TO PROVIDE DIAPERS CATHOLIC CHARITIES 1000 HOWARD AVENUE SUITE

700 NEW ORLEANS, LA 70113 NA 17.470 COST DIAPERS WEATHERFORD ACADEMY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WESTWEGO, LA 70094

TO PROVIDE DIAPERS EARLY LEARNING 613 4TH STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance NA 7.510 COST DIAPERS CUDDLY BEAR CHIL TO PROVIDE DIAPERS 3600 GENERAL MEYER AVENUE NEW ORLEANS, LA 70114 WOODMERE LEARNING NA 11.575 COST DIAPERS TO PROVIDE DIAPERS CENTER

2066 PAXTON STREET HARVEY, LA 70058

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NA 6.610 COST DIAPERS KIDS OF EXCELLENCE TO PROVIDE DIAPERS 1415 FRANKLIN AVENUE NEW ORLEANS, LA 70117

5,195 COST

DIAPERS

TO PROVIDE DIAPERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

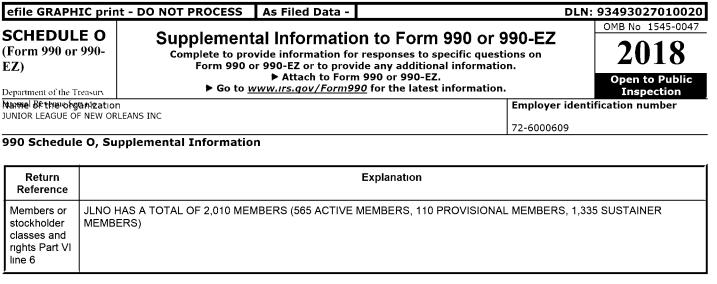
NA

JUBILANT PRESCHOOLERS

1938 DUMAINE STREET NEW ORLEANS, LA 70116

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NA 7.500 GREEK GIRLS ENTERPRISES ASSISTANCE WITH LEGAL ACCOUNTING ETC 4917 MAGAZINE STREET

NEW ORLEANS, LA 70115



Return Reference ONLY THE MEMBERS OF JLNO ELECT THE GOVERNING BODY OF THE ORGANIZATION

990 Schedule O, Supplemental Information

election for additional members
Part VI line

Return Explanation

990 Schedule O, Supplemental Information

Committee NO COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY CONTRACTS AND/OR FINANCIAL COMMITMENTS CAN ONLY BE SIGNED AND APPROVED BY THE PRESIDENT

Part VI line 8b

990 Schedule O, Supplemental Information

Return

Reference

Explanation

Reference	
Form 990 governing body review Part VI line 11	EACH BOARD MEMBER RECEIVES A DRAFT COPY OF THE FORM 990 AND EXAMINES FOR ITEMS THAT MAY BRING UP DISCUSSION WITH OTHER MEMBERS AND/OR THE TAX PREPARER

Return
Reference

Conflict of Interest Interest

Interest policy compliance Part VI line

990 Schedule O, Supplemental Information

12c

Return Reference

CEO THERE IS NO CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL executive

executive
director top
management
comp Part VI

990 Schedule O, Supplemental Information

line 15a

Return Explanation
Reference

990 Schedule O, Supplemental Information

Governing	GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON
documents	REQUEST
etc available	
to public Part	
VI line 19	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part III response or note to any other line in Part III	FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICESKIDS IN THE KITCHEN REDUCING OBESITY A ND POOR NUTRITION BY EDUCATING CHILDREN AND FAMILIES ON HEALTHY CHOICES, HOSTED EVENTS FOR STUDENTS AND PARTICIPATED IN LOCAL FESTIVALS PROVIDING HEALTHY EATING EDUCATION TO HUNDRE DO FOR TUDENTS AND THEIR FAMILIES SAFE SITTER PREPARING YOUNG PEOPLE FOR THE PROFOUND RES PONSIBILITIES OF NURTURING AND PROTECTING CHILDREN, TRAINED OVER 288 ADOLESCENTS IN SUMMER WORKSHOPS WE FELLOWSHIP A YEARLONG PROGRAM SUPPORTING A FEMALE ENTREPRENEUR BUSINESS OWN ER WITH MENTORING AND IN-KIND SERVICES SOURCED THROUGH JLNOS MEMBERSHIP, SUCH AS LEGAL, AC COUNTING, MARKETING, AND CONSULTING GUIDANCE THE WE FELLOWSHIP ALSO PROVIDES A \$7,500 GRA NT TO THE WINNER OF THE WE FELLOWSHIP PITCH EVENT FORM 990, PART III, LINE 4D, OTHER PROG RAM SERVICES - CONTINUEDFINANCIAL LITERACY - JLNO HAS DEVELOPED A FINANCIAL LITERACY FOR W OMEN CURRICULM WHICH FOCUSES ON THE FIRST FIVE KEY FINANCIAL TOPICS OF BANKING, BORROWING, BUGDETING, SAVING, AND INVESTING ALL EVENTS IN THIS PROGRAM ARE FREE AND OPEN TO THE PUB LIC APPROXIMATELY, 120 WOMEN AND 100 ADOLESCENT GIRLS PARTICIPATED IN THE EVENTS COVENANT HOUSE - JLNO MEMBERS PLAN AND HOST MONTHLY BIRTHDAY CELEBRATIONS FOR THE COVENANT HOUSE R SIDENTS ABOUT 50 RESIDENTS ATTEND EACH MONTH BY HOSTING MONTHLY BIRTHDAY CELEBRATIONS, JUNO VOLUNTEERS SHARE JOY AND LOVE WITH THESE YOUNG RESIDENTS AND LEARN OF THEIR RESILIENCY AND PROMISE F ORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES - CONTINUEDEMERGENCY RESPONSE FUND - NE W ORLEANINS KNOW ALL TOO WELL THE DEVASTATING EFFECTS OF HURRICANE AND FLOODAD, AND THE J UNION LEAGUE OF NEW ORLEANS PROVIDED ASSISTANCE TO THOSE IN THE PATH OF HURRICANE FLORENCE OVER THE PAST TWO YEARS, JLNOS DIAPER BANK HAS HELPED FAMILIES IN FLOOD AND HURRICANE AFFECTED AREAS ADDRESS THE NEEDS OF THEIR BABIES GET ON BOARD - STARTED IN 2008, GET ON BOARD IS A WORKSHOP PROVIDING KNOWLEDGE AND SKILLS TO CURRENT BOARD AND STAFFE MEMBERS AND THOSE THAT WISH TO BE PLACED ON A NONPROFIT BOARD AT

990 Schedule O, Supplemental Information Return Explanation Reference Part III IONAL LUXURY FOR LESS SALES response or note to any other line in Part III