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46 4551028 252547 4268.0 2019.04030 JUNIOR LEAGUE OF RALEIGH, I 4268_0_									OF RALEI	GH.	I 4268 0

Form 990	-T (2019) JUNIOR LEAGUE OF RALEIGH, INC.		56-0562849 Page 2
Part	If Total Unrelated Business Taxable Income		,
32	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33,870.
33	Amounts paid for disallowed fringes		33
·	Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	Ц	34 3,287.
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of I	nes 32 and 38	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	3	36
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37 30,583.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38 1,000.
	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	9	1 -7000
		111	39 29,583.
	enter the smaller of zero or line 37	14	1 23,303.
			6,212.
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		6,212.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	` .	
	Tax rate schedule or Schedule D (Form 1041)		411
	Proxy tax. See instructions	•	42
43	Alternative minimum tax (trusts only)		43
	Tax on Noncompliant Facility Income. See instructions		44
	Total, Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45 6,212.
Part	Tax and Payments Oc. (1.11)	r	
46a 4	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
e	Total credits. Add lines 46a through 46d		46e
	Subtract line 46e from line 45		47 6,212.
		ttach schedule	
	Total tax. Add lines 47 and 48 (see instructions)	<i>i</i>	49 6,212.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	ž	50 0.
	Payments: A 2018 overpayment credited to 2019		.3 -23
	2019 estimated tax payments	3,600	
	Tax deposited with Form 8868	2,800	277 732
	102111	2,000	
	,		
	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 51g		
	Total payments. Add lines 51a through 51g	1	52 6,400.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	53 110.
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	10	54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	19>	55 78.
		unded 📗	· 56 78.
Pant	VI Statements Regarding Certain Activities and Other Information (see Instruc	tions) **	,
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		\$ \frac{1}{2} \fra
	Under penalties diperjury, I declare that I have examined this return, including accompanying schedules and statements, and to the dorrect, and complete. Declaration of preparer to the transpayer) is based on all information of which preparer has any knowledge.	ne best of my k	nowledge and belief, it is true,
Sign	correct, and complete Declaration of preparer jother than taxbayer) is based on all information of which preparer has any knowledge.	ge •	
Here	Thui WWW 1 1191900 TREASURER		May the IRS discuss this return with the preparer shown below (see
	Signature of officer Date Title		instructions)? X Yes No
	7	Check	if PTIN
	The type property of the terms		
Paid	1 <i>1</i>	self- employe	P00004660
Prep	Parer RONALD R. KUYATH RONALD R. KUYATH 10/28/20	F . E	
Use	Only Firm's name BERNARD ROBINSON & COMPANY, LLP	Firm's EIN	▶ 56-0571159
	4700 HOMEWOOD COURT, STE 105		010 060 0004
	Firm's address ► RALEIGH, NC 27609	Phone no.	919-862-0004
923711	01-27-20		Form 990-T (2019)

Schedule A - Cost of Goods Sold. Ent	ter method of invento	ory valuation N/A			
1 Inventory at beginning of year 1		6 Inventory at end of yea	r	6_	
2 Purchases 2		7 Cost of goods sold. Su	btract line 6		
3 Cost of labor 3		from line 5. Enter here	and in Part I,		
4a Additional section 263A costs		line 2		7	
(attach schedule) 4a		8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule) 4b		property produced or a	cquired for resale) apply to		
5 Total. Add lines 1 through 4b 5		the organization?			
Schedule C - Rent Income (From Re (see instructions)	al Property and	Personal Property	Leased With Real	Property	y)
1. Description of property					
(1)					
(2)					
(3)					
(4)		· · ·	·		
	ceived or accrued		3(a) Deductions d	irectly connec	ted with the income in
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` 'of rent for per	d personal property (if the percentarsonal property exceeds 50% or if is based on profit or income)	oge columns	2(a) and 2(b) (a	attach schedule)
(1)					
(2)					
(3)					
(4)					
Total 0	Total	·	0.		
(c) Total income. Add totals of columns 2(a) and 2(b). here and on page 1, Part I, line 6, column (A)	Enter ▶		(b) Total deductio Enter here and on pag Part I, line 6, column (i	je 1,	0.
Schedule E - Unrelated Debt-Financ	ed Income (see ir	nstructions)			
	•	2. Gross income from	 Deductions direct to debt- 	ly connected financed prop	
1. Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	on	(b) Other deductions (attach schedule)
		, , ,	(attach schedule)	S.T.	ATEMENT 5
(1) HILLSBOROUGH STREET BU	TLDING	329,516.		- P-	234,642.
(2)	ILDING	323,3200		<u> </u>	201/0120
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed of property (attach schedule) 5. Aver	age adjusted basis or allocable to financed property tech schedule) 7	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	(8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
	6,506,086.	35.70%	117,6	37.	83,767.
(2)		%	<u> </u>		*
(3)		%			
(4)		%			- -
STATEMENT 3 STA	TEMENT 4		Enter here and on page 1 Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals			117,6	37.	83,767.
Total dividends-received deductions included in colu	ımn 8				0.

2. Employer elevatively oppositation 2. Employer elevational must be elevated to apply an elevation of the constitution of the	Schedule F - Interest,		,	•	Controlled O				,		·
(2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (10) (11) (12) (13) (14) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18	1. Name of controlled organiza	identri	lication	3. Net unre	elated income	4. то	tal of specified	includ	led in the cont	rolling	connected with income
(2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (10) (11) (12) (13) (14) (14) (15) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18	(1)			1				 	<u> </u>	-+	
(4) Increasempt Controlled Organizations 7. Traubis scores 8. Ne invalidation come local (one eastructions) 8. Ne invalidation come local (one eastructions) 9. Total of secaled payments 10. Part of rollwes is that is included in the controlled organization of the controlled organization org				 			 _				<u>-</u>
(d) And solvenes \$ and is included 10. Part of solven \$ and is included 11. Deficitions directly connection made 10. Part of solven \$ and is included 11. Deficitions directly connection made 10. Part of solven \$ and is included 11. Deficitions directly connection made 10. Part of solven \$ and is included 11. Deficitions directly connection made 11. Deficitions directly connection 12. Add solvens \$ and is included 12. Add solvens \$ and is included 13. Deficitions made and is included 14. Add solvens \$ an				 							 .
Controlled Organizations State Investment State	<u> </u>			 				1			· ,
Resemble fections Rese		nizations		1							
Cotate C		8. Net unrelated inco		9. Total o		ments	in the control	ling orgai	nızatıon's		
Add columns 5 and 10 Enter here and on page 1, Part 1, line 9, column (8)	(1)										
Add columns 8 and 10 Enter here and on page 1, Part I, lene 8, column (I) (See instructions) 1. Description of income 2. Amount of income 3. Description of income 4. Set-asades (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, lene 8, column (I) (2) (3) (4) Enter here and on page 1, Part I, lene 8, column (I) (5) (6) (7) (8) (8) (8) (9) (9) (9) (1) (9) (1) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (1) (9) (1) (9) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	(2)										
Add columns 2 and 10 Eath New and on page 1, Part 1, line 8, column (8) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Description of income directly commented (affects schedule) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (8) Column (9) Co	(3)										
Totals Enter here and on page 1, Part 1, line 8, column (A) Column (B)	(4)			<u></u>							
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income description description of income description of income description descr	·						Enter here and	on pag	e 1, Part I,	Enter h	ere and on page 1, Part I,
(see instructions) 1. Description of microme 2. Amount of microme destructions described connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1 Part I, line 9, column (A) (see instructions) 2. Gross unclaimed activity (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Not income (associated activity) 5. Gross income 6. Expenses articulate to activity activ	Totals					•			0.		0
(see instructions) 1. Description of microme 2. Amount of microme destructions described connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1 Part I, line 9, column (A) (see instructions) 2. Gross unclaimed activity (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Not income (associated activity) 5. Gross income 6. Expenses articulate to activity activ	Schedule G - Investme	ent Income of a	Section	n 501(c)(7), (9), or	(17) O	rganization	<u> </u>			
1. Description of income 2. Amount of income directly connected (extracts conhected (fittacts schedulity) (col 3 plus col 4) (2) (3) (4) Enter here and on page 1 part 1, line 9, column (A) 1. Description of explored activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income from tade or business income from tade or business income for the page 1, part 1, line 9, column (B) (1) (2) (3) (4) Enter here and on page 1, part 1, line 9, column (B) 2. Gross unrelated business income for the explored activity income (activity of the page 1, part 1, line 9, column (B) (5) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9									<u>. </u>		
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (8) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity	_ 1. Des	cription of income			2. Amount of	ıncome	directly conni	ected			
(3) (4) Enter here and on page 1, Part I, line 9, column (A) Column 1	(1)										
Cotats	(2)	·									
Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (A)	(3)										
Comparison of exploited activity Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Schedule I - Exploited business Schedule I - Exploited business Schedule I - Exploited Schedule I - Sch	(4)				<u>.</u>		0 00 1000				
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity unrelated business income from activity that grain of unrelated business income from column 1 and a column 2 are planted activity and activity that grain of unrelated business income from activity that grain column 5 attributable to column 5 attributable to column 6 minus column 6. Expenses attributable to column 6 minus column 6 minus column 6. Expenses attributable to column 6 minus column 6 minus column 6. Expenses attributable to column 6 minus colu	Totale					lumn (A)					Part I, line 9, column (B)
1. Description of explored activity 1. Description of explored activity that is not unclaised business income from ac		Exempt Activity	y Incon	ne, Other	Than Ad		ing Incom	e B	88	* ************************************	r.
1. Description of exploited activity uncome from trade or business income unit production of unweighted business income unit production of unweighted business income unit product unit prod	(see instr						5. Gross inc	ome	6 -		7. Excess exempt
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) O . O . O . Schedule J - Advertising Income (see instructions) Part 1 Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising uncome 2. Gross advertising costs advertising costs advertising costs (column 6 minus column 6). If a gain, compute costs (following 6) income (1) (2) (3) (4) Totals (carry to Part II, line (5)) • O . O . O . O . O . O .		unrelated business income from	with pi	roduction related	business (co minus colum gain, comput	olumn 2 n 3) If a e cols 5	from activity is not unrela	that ted	attribut	able to	6 minus column 5, but not more than
(3) (4) Enter here and on page 1, Part 1, line 10, col (A) O. O	(1)		İ								
(3) (4) Enter here and on page 1, Part 1, line 10, col (A) O. O	(2)										
Cotals Enter here and on page 1, Part 1, line 10, col (A) Part 1, line 10, col (B) Part 1, line 10, col (B) Part 1, line 10, col (B) Part 1, line 25 Part 1, lin	(3)										
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income I. Name of periodical 2. Gross advertising costs advertising costs income II. Name of periodical 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.	(4)	page 1, Part I,	page	1, Part I,							on page 1,
Schedule J - Advertising Income (see instructions) Part Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. 4. Advertising gain or (loss) (col 2 minus cols 5). Circulation income 5. Circulation income 6. Readership costs (column 5, but not more than column 4) 7. Excess readership costs (column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4)	Totale		inie it								(i)
Part Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 5. Circulation income 6. Readership costs (column 6 minus colls 5 through 7 (1) (2) (3) (4) (4) (5) (5) (6) (7			Instruction		\$4.4577.25.00000 N	< P\$\$10\$38\$**\;		8-88-36:3c	- 100 CONT. (Se		<u> </u>
1. Name of periodical 2. Gross advertising income 3. Direct advertising costs or (loss) (col 2 minus coll 2 minus coll 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 3. Direct advertising costs or (loss) (col 2 minus coll 2 minus coll 3) if a gain, compute cols 5 through 7 5. Circulation income 5. Circulation income 6. Readership costs (column 6 minus column 4) column 5, but not more than column 4)					solidated	Basis	;				
(1) (2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	1. Name of periodical	advertising	adv		or (loss) (co	ol 2 minus ain, compu					costs (column 6 minus column 5, but not more
otals (carry to Part II, line (5))	(1)	- 				_	<u>.</u>		 		•
otals (carry to Part II, line (5))	(2)		- 		+		%		 		
otals (carry to Part II, line (5))				·······	\dashv		%		 		
otals (carry to Part II, line (5))	(4)		_	 			<u> </u>		†		
			_	_	ł						
= 000 T	Totals (carry to Part II, line (5))	<u>-</u>	0.	0	<u>· </u>				<u></u>		0 - Form 990-T (2019

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)		-					
Totals from Part I	▶	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
HOPE CENTER AT PULLEN DESIGNED FOR JOY	N/A N/A	6,650. 6,650.
FILL YOUR BUCKET LIST FOUNDATION	N/A	6,650.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	19,950.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	2
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 11,279 YEAR 2015 17,350 YEAR 2016 127,028 YEAR 2017 15,806 YEAR 2018 13,100		
TOTAL CARE	RYOVER 184,56 RENT YEAR 10% CONTRIBUTIONS 19,95		
	PRIBUTIONS AVAILABLE 204,51 NCOME LIMITATION AS ADJUSTED 3,28		
EXCESS 100	TTRIBUTIONS 201,22 0% CONTRIBUTIONS 201,22	0	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	3,	287
TOTAL CONT	TRIBUTION DEDUCTION	3,	287

2,322,767.

FORM 990-T SCHEDULE E - UNRELATED DEBT-I AVERAGE ACQUISITION		STATEMENT
DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF
HILLSBOROUGH STREET BUILDING	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING SEVENTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING NINTH MONTH		2,361,834 2,348,296 2,346,304 2,338,971 2,331,611 2,324,513 2,322,436 2,319,110 2,305,349 2,298,698
BEGINNING ELEVENTH MONTH BEGINNING TWELFTH MONTH		2,291,468 2,284,618
TOTAL OF ALL MONTHS		27,873,208

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

NUMBER OF MONTHS IN YEAR

AVERAGE AQUISITION DEBT

234,642.

FORM 990-T SCHEDULE E - UNRELATED AVERAGE ADJUSTE		INCOME	STATEMENT	4
DESCRIPTION OF DEBT-FINANCED PROPERTY		ACTIVITY NUMBER	Ţ.	
HILLSBOROUGH STREET BUILDING		1	AMOUNT	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRS AVERAGE ADJUSTED BASIS OF PROPERTY LAST			6,572,50	
AVERAGE ADJUSTED BASIS OF PROPERTY FOR	THE YEAR		6,506,0	86.
TOTAL TO FORM 990-T, SCHEDULE E, COLUMN	1 5			
FORM 990-T SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT	
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION INTEREST EXPENSE LICENSES AND TAXES INSURANCE LABOR SERVICES (CLEANING, LANDSCAPING) MAINTENANCE PROPERTY MANAGEMENT RENT AND FACILITY FEES SUPPLIES AND EQUIPMENT UTILITIES SECURITY LEASE COMMISSION SALARY EXPENSE		64,853. 43,955. 14,415. 5,901. 24,718. 10,051. 6,036. 2,147. 1,475. 24,547. 10,941. 13,448. 12,155.		
	- 1	,,	234,6	4.0

TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)

FORM 990-T			N DEBT ON OR NANCED PROPERTY		STATEMENT	6	
DESCRIPTION			ACTIVI NUMBE		AMOUNT	TOTAL	
AVERAGE ACQUIS	TION DEBT						
TOTAL OF FORM	990-T, SCHEDULI	E E, COLUMN	4			2,322,7	57.

FORM 990-T		SE ADJUSTED BASIS OF OR TO DEBT-FINANCED PROPERTY				
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL		
AVERAGE COST BASIS						
TOTAL OF FORM 990-1	, SCHEDULE E, COLUM	N 5		6,506,08	36.	