2939308615704 Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning _ , 2019, and ending ► Go to www.lrs.gov/Form9907 for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) address changed (Employees' trust, see instructions.) B Exempt under section JIV DAYA FOUNDATION 501(C 1 3) **Print** Number, street, and room or suite no. If a P.O. box, see instructions 32-0045123 or E Unrelated business activity code 408(e) 220(e) Type (See instructions.) 2700 W PLANO PARKWAY 408A City or town, state or province, country, and ZIP or foreign postal code 529(a) PLANO, TX 75075 900099 C Book value of all assets at end of year Group exemption number (See instructions) Check organization type | X | 501(c) corporation Other trust 501(c) trust 401(a) trust H Enter the number of the organization's unrelated trades or businesses > 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation Telephone number ▶ 214-207-8003 The books are in care of ▶VINAY JAIN Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c . . . 3 Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4 c 2,385. 2,385 ATCH 2 income (loss) from a partnership or an S corporation (attach statement). 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 8 Interest, annulues, royalties, and rents from a controlled organization (Schedule F Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) . . . $2,\overline{385}$. 13 2,385. Total, Combine lines 3 through 12. Part ! Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business/income.) Compensation of officers, directors, and trustees (Schedule K). . 14 RECEIVED 15 Salaries and wages 15 16 Repairs and maintenance 16 NO.V. 1 n. 2020 17 17 18 Interest (attach schedule) (see instructions). 18 19 Taxes and licenses 19 Depreciation (attach Form 4562). . . 20 Less depreciation claimed on Schedule A and elsewhere on return 21 21b 22 22 Contributions to deferred compensation plans 23 23 24 Employee benefit programs . . . 24 Excess exempt expenses (Schedule I). 25 25 26 26 27 Other deductions (attach schedule) 27 28 Total deductions. Add lines 14 through 27 2,385. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 2,385. Unrelated business taxable income. Subtract line 30 from line 29 For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)

30)

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Part //i	'Total Unrelated Business Taxable Income			
32 * Tot	al of unrelated business taxable income computed from all unrelated trades or businesses (se	e		
: ınst	ructions)	32	2	,385.
33 Am	ounts paid for disallowed fringes	33		
34 Cha	aritable contributions (see instructions for limitation rules)	. 34		
	al unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lin			
34	from the sum of lines 32 and 33). 35	2	,385.
36 Dec	duction for net operating loss arising in tax years beginning before January 1, 2018 (se	e H		
	ructions)	(
	al of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		2	,385.
	crific deduction (Generally \$1,000, but see line 38 instructions for exceptions)			,000.
	related business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37			•
	er the smaller of zero or line 37	39	1	,385.
Part IV		j. 00		,
	anizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	140		291.
	sts Taxable at Trust_Rates. See instructions for tax computation income tax or			
	amount on line 39 from Tax rate schedule or Schedule OVF our 1041)			
43 Alte	xy tax. See instructions	42		
	N			
	al. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			291.
Part V		1. 45		231.
		\dashv		
b Oth	er credits (see instructions)			
	neral business credit Attach Form 3800 (see instructions)			
	dit for prior year minimum tax (attach Form 8801 or 8827)	-		
47 Cut	al credits. Add lines 46a through 46d			291.
47 Sut	er taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	· 47		291.
				291.
	al tax. Add lines 47 and 48 (see instructions)			291.
	9 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			
	ments: A 2018 overpayment credited to 2019	<u>∵</u> `		
	9 estimated tax payments			
	deposited with Form 8868	_		
	eign organizations Tax paid or withheld at source (see instructions)	-		
	kup withholding (see instructions)	4		
	dit for small employer health insurance premiums (attach Form 8941)	_		
	er credits, adjustments, and payments Form 2439	1 1		
	Form 4136 Total ▶ 51g	_		
	al payments. Add lines 51a through 51g	<u>. 52 </u>	42	,312.
	mated tax penalty (see instructions) Check if Form 2220 is attached	_ 58 _		
	due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
	erpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		,021.
	er the amount of line 55 you want Credited to 2020 estimated tax > 2,000. Refunded		40	,021.
Part VI	3 - 3			
	any time during the 2019 calendar year, did the organization have an interest in or a signature			s No
	r a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization			
	CEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	e foreign	country	
	• •			X
	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust?	' · · · · <u> </u>	X
	es," see instructions for other forms the organization may have to file			
59 Ent	er the amount of tax-exempt interest received or accrued during the tax year > \$			Щ_
S:	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	e best of my	knowledge and b	oelief, it is
Sign		May the II	RS discuss this	return
Here		with the p	oreparer shown	
	Signature of office\ Date \ Title	(see instructio		No
Paid		eck if	PTIN	
Prepare	7	lf-employed	P013105	
Use On	Firm's name BRD, ELP		44-016026	
	Firm's address > 14241 DALLAS PARKWAY, SUITE 1100, DALLAS, TX 75254 Ph	_{one no} 97	2-702-826	2

man and an page 11 1 and 11 mile	01 00.00.00.00.00			211111 (3)		
Schedule E - Unrelated D	Debt-Financed Income (s	ee instructions)				
Description of debt-financed property		2. Gross income from or	Deductions directly connected with or allocable to debt-financed property			
		allocable to debt-financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						
(2)						
(3)						
(4)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	Average adjusted basis of or allocable to debt-financed property (attach schedule)	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))		
(1)		%				
(2)		%				
(3)		%				
(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		.				
Total dividends-received deduc	tions included in column 8		<u> </u>			

Schedule F - Interest, Ann	uities, Royalties						ations (se	e instructi	ons)		
`		Exe	Exempt Controlled Organizations								
1. Name of controlled organization	2. Employer identification numb		3. Net unrelated inco (loss) (see instruction		4. Total of specified payments made		ied included	Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)				·····	l						
Nonexempt Controlled Organiz	zations				·						
7. Taxable Income (loss) (see instructions)			9. Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income in column 10		
(1)											
(2)											
(3)				 							
(4)			·								
Totals					▶	Ent Pa	ld columns 5 a er here and on rt I, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11. ler here and on page 1 art I, line 8, column (8)	
Schedule G-Investment Ir	come of a Sec	tion 501	<u>(c)(/).</u>			nizati	on (see ins	tructions)		5 T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
1. Description of income	2. Amount of	income	3. Deductions directly connected (attach schedule)				et-asides i schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)											
(2)			_								
(3)										· · · · · · · · · · · · · · · · · · ·	
(4)			i								
Enter here and on pag Pert I, line 9, column (olumn (A)								Enter here and on page 1, Part I, line 9, column (B)	
Schedule I-Exploited Exe	mpt Activity Inc	come, Ot	her Th	an Advert	ising Ir	come	(see instru	ictions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Experior direct connecte producti unrela business i	tly d with on of ted	2 minus column 3)		is not unrelated attrib		6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)							**				
(2)						·				<u> </u>	
(3)			-	1							
(4)										<u> </u>	
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Part I,	1		_		Enter here and on page 1, Part II, line 25			
Totals ▶ Schedule J- Advertising In	Come (see insta	ictions)		ــــــــــــــــــــــــــــــــــــــ							
Part I Income From Per			`oncol	idated Bac	ic						
Panel income From Fer	odicais Report	ed on a C	onsoi	idated bas	515	<u> </u>		1		Т	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		gain or (los 2 minus co a gain, coi	Advertising or (loss) (col nus col. 3) If ain, compute 5 through 7		5. Circulation 6. income		ership ts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								<u> </u>			
(2)							·-·· ·	1			
(3)				1							
(4)											
Totals (carry to Part II, line (5)) ▶											
								<u> </u>		Form 990-T (2019)	

Part II Income From Per 2 through 7 on a I			rate Basis (For	each periodical	listed in Part II	, fill in columns
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 ▶				,		
	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 It, line 26
Totals, Part II (lines 1-5) ▶					}	ļ
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		2. Title		3. Percent of time devoted to business	Compensation attributable to unrelated business	
(1)				%		
(2)				%		
(3)				%		
(4)				%		·
Total. Enter here and on page 1, Page	art II, line 14					

Form **990-T** (2019)

ATTACHMENT	2		

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

PROVIDENCE EQUITY LP NEWPORT FEEDER FUND LP

1,372. 1,013.

INCOME (LOSS) FROM PARTNERSHIPS

2,385.