

EXTENDED TO MAY 15, 2020

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. 4 Describe the only (or first) unrelated trade or business here: RENTAL INCOME

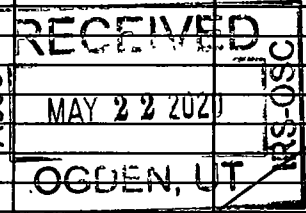
I During the tax year, was the organization a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of MAIYA CHARD-YARON Telephone number 512-476-0125

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Deduction for net operating loss, 32 Unrelated business taxable income.

SCANNED JUL 06 2021



4

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 with amounts like 5,305, 2,578, 2,727, 1,000, and 1,727.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 with amounts like 363, 363, and 363.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 with amounts like 363, 363, 0, and 363.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56, 57, and 58.

Sign Here

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.

Signature of officer: [Signature] Date: 5/15/20 Title: EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, and Check self-employed. Includes firm information for PMB HELIN DONOVAN, LLP.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|    |   |    |  |   |  |     |    |
|----|---|----|--|---|--|-----|----|
| 1  | Inventory at beginning of year                  | 1  |  | 6 | Inventory at end of year   | 6   |    |
| 2  | Purchases                                       | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                    | 7   |    |
| 3  | Cost of labor                                   | 3  |  |   |  |     |    |
| 4a | Additional section 263A costs (attach schedule) | 4a |  |   | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| b  | Other costs (attach schedule)                   | 4b |  |   |  |     |    |
| 5  | Total. Add lines 1 through 4b                   | 5  |  |   |  |     |    |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

| 2. Rent received or accrued   |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |   |   |
|---|---|--|---|---|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                  |   |
| (1)   |   |  |   |   |
| (2)   |   |  |   |   |
| (3)   |   |  |   |   |
| (4)   |   |  |   |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. 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)   |   | %  |   |   |
| Totals  |   |  | Enter here and on page 1, Part I, line 7, column (A) 0. | Enter here and on page 1, Part I, line 7, column (B) 0.             |
| Total dividends-received deductions included in column 8  |   |  | 0.  | 0.  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number                 | Exempt Controlled Organizations                   |  |   |  |
|------------------------------------|---|---|--|---|--|
|                                    |   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made  | 5. 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)                                |   |   |  |   |  |
| Nonexempt Controlled Organizations |   |   |  |   |  |
| 7. Taxable income                  | 8. Net unrelated 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)                                |   |   |  |   |  |
| <b>Totals</b>                      |   |   | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).          | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).         |  |
|                                    |   |   | <b>0.</b>  | <b>0.</b>   |  |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)   | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1)                      |                     |  |                                 |   |
| (2)                      |                     |  |                                 |   |
| (3)                      |                     |  |                                 |   |
| (4)                      |                     |  |                                 |   |
| <b>Totals</b>            |                     | Enter here and on page 1, Part I, line 9, column (A) |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
|                          |                     | <b>0.</b>  |                                 | <b>0.</b>   |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1)                                  |   |   |   |   |                                      |   |
| (2)                                  |   |   |   |   |                                      |   |
| (3)                                  |   |   |   |   |                                      |   |
| (4)                                  |   |   |   |   |                                      |   |
| <b>Totals</b>                        |   | Enter here and on page 1, Part I, line 10, col. (A)                         | Enter here and on page 1, Part I, line 10, col. (B).  |   |                                      | Enter here and on page 1 Part II, line 26.                                      |
|                                      |   | <b>0.</b>   | <b>0.</b>   |   |                                      | <b>0.</b>   |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)  |                             |                             |  |                       |                     |   |
| <b>Totals (carry to Part II, line (5))</b> |                             | <b>0.</b>                   | <b>0.</b>  |                       |                     | <b>0.</b>   |

**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)                                |                             |                             |  |                       |                     |  |
| <b>Totals from Part I</b>          | <b>0.</b>                   | <b>0.</b>                   |  |                       |                     | <b>0.</b>  |
| <b>Totals, Part II (lines 1-5)</b> | <b>0.</b>                   | <b>0.</b>                   |  |                       |                     | <b>0.</b>  |

**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)  |          | %                                      |  |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |          |  | <b>0.</b>  |

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 1

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 06/30/17                          | 1,230.         | 0.                      | 1,230.         | 1,230.              |
| 06/30/18                          | 1,348.         | 0.                      | 1,348.         | 1,348.              |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 2,578.         | 2,578.              |

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

ENTITY 1

OMB No. 1545-0087

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service (99)

Name of the organization **TEXAS HILLEL FOUNDATION** Employer identification number **52-1758802**

Unrelated business activity code (see instructions) ▶ **532000**

Describe the unrelated trade or business ▶ **RIVER CITY BINGO ASSOCIATION**

| <b>Part I Unrelated Trade or Business Income</b>  |                    | (A) Income  | (B) Expenses | (C) Net     |
|---|--------------------|-------------|--------------|-------------|
| <b>1 a</b> Gross receipts or sales  |                    |             |              |             |
| <b>b</b> Less returns and allowances  | <b>c Balance ▶</b> |             |              |             |
| <b>1 c</b>  |                    |             |              |             |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  | <b>2</b>           |             |              |             |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   | <b>3</b>           |             |              |             |
| <b>4 a</b> Capital gain net income (attach Schedule D)  | <b>4 a</b>         |             |              |             |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                           | <b>4 b</b>         |             |              |             |
| <b>c</b> Capital loss deduction for trusts  | <b>4 c</b>         |             |              |             |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 2</b> | <b>5</b>           | <b>481.</b> |              | <b>481.</b> |
| <b>6</b> Rent income (Schedule C)   | <b>6</b>           |             |              |             |
| <b>7</b> Unrelated debt-financed income (Schedule E)  | <b>7</b>           |             |              |             |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)      | <b>8</b>           |             |              |             |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)           | <b>9</b>           |             |              |             |
| <b>10</b> Exploited exempt activity income (Schedule I)   | <b>10</b>          |             |              |             |
| <b>11</b> Advertising income (Schedule J)   | <b>11</b>          |             |              |             |
| <b>12</b> Other income (See instructions, attach schedule)  | <b>12</b>          |             |              |             |
| <b>13 Total.</b> Combine lines 3 through 12   | <b>13</b>          | <b>481.</b> |              | <b>481.</b> |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|  |             |  |  |             |
|--|-------------|--|--|-------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>   |  |  |             |
| <b>15</b> Salaries and wages   | <b>15</b>   |  |  |             |
| <b>16</b> Repairs and maintenance  | <b>16</b>   |  |  |             |
| <b>17</b> Bad debts  | <b>17</b>   |  |  |             |
| <b>18</b> Interest (attach schedule) (see instructions)  | <b>18</b>   |  |  |             |
| <b>19</b> Taxes and licenses   | <b>19</b>   |  |  |             |
| <b>20</b> Charitable contributions (See instructions for limitation rules)   | <b>20</b>   |  |  |             |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>   |  |  |             |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22 a</b> |  |  | <b>22 b</b> |
| <b>23</b> Depletion  | <b>23</b>   |  |  |             |
| <b>24</b> Contributions to deferred compensation plans   | <b>24</b>   |  |  |             |
| <b>25</b> Employee benefit programs  | <b>25</b>   |  |  |             |
| <b>26</b> Excess exempt expenses (Schedule I)  | <b>26</b>   |  |  |             |
| <b>27</b> Excess readership costs (Schedule J)   | <b>27</b>   |  |  |             |
| <b>28</b> Other deductions (attach schedule)   | <b>28</b>   |  |  |             |
| <b>29 Total deductions.</b> Add lines 14 through 28  | <b>29</b>   |  |  | <b>0.</b>   |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           | <b>30</b>   |  |  | <b>481.</b> |
| <b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>31</b>   |  |  |             |
| <b>32</b> Unrelated business taxable income. Subtract line 31 from line 30   | <b>32</b>   |  |  | <b>481.</b> |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 2

DESCRIPTION

NET INCOME  
OR (LOSS)

RIVER CITY BINGO ASSN - NET RENTAL REAL ESTATE INCOME

481.

TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5

481.



**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

ENTITY 3

OMB No. 1545-0067

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service (99)

Name of the organization **TEXAS HILLEL FOUNDATION** Employer identification number **52-1758802**

Unrelated business activity code (see instructions) ▶ **532000**

Describe the unrelated trade or business ▶ **RIVER CITY BINGO MANAGEMENT - RENTAL**

| <b>Part I Unrelated Trade or Business Income</b>  |           | (A) Income | (B) Expenses | (C) Net |
|---|-----------|------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales  |           |            |              |         |
| <b>b</b> Less returns and allowances  |           |            |              |         |
| <b>c</b> Balance ▶  | <b>1c</b> |            |              |         |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  | <b>2</b>  |            |              |         |
| <b>3</b> Gross profit Subtract line 2 from line 1c  | <b>3</b>  |            |              |         |
| <b>4 a</b> Capital gain net income (attach Schedule D)  | <b>4a</b> |            |              |         |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                           | <b>4b</b> |            |              |         |
| <b>c</b> Capital loss deduction for trusts  | <b>4c</b> |            |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 3</b> | <b>5</b>  | -5,655.    |              | -5,655. |
| <b>6</b> Rent income (Schedule C)   | <b>6</b>  |            |              |         |
| <b>7</b> Unrelated debt-financed income (Schedule E)  | <b>7</b>  |            |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)      | <b>8</b>  |            |              |         |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)           | <b>9</b>  |            |              |         |
| <b>10</b> Exploited exempt activity income (Schedule I)   | <b>10</b> |            |              |         |
| <b>11</b> Advertising income (Schedule J)   | <b>11</b> |            |              |         |
| <b>12</b> Other income (See instructions, attach schedule)  | <b>12</b> |            |              |         |
| <b>13</b> Total. Combine lines 3 through 12   | <b>13</b> | -5,655.    |              | -5,655. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|  |            |  |  |            |
|--|------------|--|--|------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |  |  |            |
| <b>15</b> Salaries and wages   | <b>15</b>  |  |  |            |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |  |  |            |
| <b>17</b> Bad debts  | <b>17</b>  |  |  |            |
| <b>18</b> Interest (attach schedule) (see instructions)  | <b>18</b>  |  |  |            |
| <b>19</b> Taxes and licenses   | <b>19</b>  |  |  |            |
| <b>20</b> Charitable contributions (See instructions for limitation rules)   | <b>20</b>  |  |  |            |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>  |  |  |            |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> |  |  | <b>22b</b> |
| <b>23</b> Depletion  | <b>23</b>  |  |  |            |
| <b>24</b> Contributions to deferred compensation plans   | <b>24</b>  |  |  |            |
| <b>25</b> Employee benefit programs  | <b>25</b>  |  |  |            |
| <b>26</b> Excess exempt expenses (Schedule I)  | <b>26</b>  |  |  |            |
| <b>27</b> Excess readership costs (Schedule J)   | <b>27</b>  |  |  |            |
| <b>28</b> Other deductions (attach schedule)   | <b>28</b>  |  |  |            |
| <b>29</b> Total deductions. Add lines 14 through 28  | <b>29</b>  |  |  | 0.         |
| <b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            | <b>30</b>  |  |  | -5,655.    |
| <b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>31</b>  |  |  |            |
| <b>32</b> Unrelated business taxable income. Subtract line 31 from line 30   | <b>32</b>  |  |  | -5,655.    |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION

NET INCOME  
OR (LOSS)

RIVER CITY BINGO MANAGEMENT - NET RENTAL REAL ESTATE  
INCOME

-5,655.

TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5

-5,655.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

ENTITY **4**

OMB No. 1545-0087

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

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▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service (99)

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization

**TEXAS HILLEL FOUNDATION**

Employer identification number

**52-1758802**

Unrelated business activity code (see instructions) ▶ **531390**

Describe the unrelated trade or business ▶ **RIVER CITY BINGO MANAGEMENT - ORDINARY**

| <b>Part I Unrelated Trade or Business Income</b>  |                    | (A) Income    | (B) Expenses | (C) Net       |
|---|--------------------|---------------|--------------|---------------|
| <b>1 a</b> Gross receipts or sales  |                    |               |              |               |
| <b>b</b> Less returns and allowances  | <b>c Balance ▶</b> |               |              |               |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  | <b>1c</b>          |               |              |               |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   | <b>2</b>           |               |              |               |
| <b>4 a</b> Capital gain net income (attach Schedule D)  | <b>3</b>           |               |              |               |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                           | <b>4a</b>          |               |              |               |
| <b>c</b> Capital loss deduction for trusts  | <b>4b</b>          |               |              |               |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 4</b> | <b>4c</b>          |               |              |               |
| <b>6</b> Rent income (Schedule C)   | <b>5</b>           | <b>4,824.</b> |              | <b>4,824.</b> |
| <b>7</b> Unrelated debt-financed income (Schedule E)  | <b>6</b>           |               |              |               |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)      | <b>7</b>           |               |              |               |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)           | <b>8</b>           |               |              |               |
| <b>10</b> Exploited exempt activity income (Schedule I)   | <b>9</b>           |               |              |               |
| <b>11</b> Advertising income (Schedule J)   | <b>10</b>          |               |              |               |
| <b>12</b> Other income (See instructions, attach schedule)  | <b>11</b>          |               |              |               |
| <b>13 Total.</b> Combine lines 3 through 12   | <b>12</b>          | <b>4,824.</b> |              | <b>4,824.</b> |
|   | <b>13</b>          |               |              |               |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

|  |            |  |               |
|--|------------|--|---------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |  |               |
| <b>15</b> Salaries and wages   | <b>15</b>  |  |               |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |  |               |
| <b>17</b> Bad debts  | <b>17</b>  |  |               |
| <b>18</b> Interest (attach schedule) (see instructions)  | <b>18</b>  |  |               |
| <b>19</b> Taxes and licenses   | <b>19</b>  |  |               |
| <b>20</b> Charitable contributions (See instructions for limitation rules)   | <b>20</b>  |  |               |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>  |  |               |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> |  | <b>22b</b>    |
| <b>23</b> Depletion  | <b>23</b>  |  |               |
| <b>24</b> Contributions to deferred compensation plans   | <b>24</b>  |  |               |
| <b>25</b> Employee benefit programs  | <b>25</b>  |  |               |
| <b>26</b> Excess exempt expenses (Schedule I)  | <b>26</b>  |  |               |
| <b>27</b> Excess readership costs (Schedule J)   | <b>27</b>  |  |               |
| <b>28</b> Other deductions (attach schedule)   | <b>28</b>  |  |               |
| <b>29 Total deductions.</b> Add lines 14 through 28  | <b>29</b>  |  | <b>0.</b>     |
| <b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            | <b>30</b>  |  | <b>4,824.</b> |
| <b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>31</b>  |  |               |
| <b>32</b> Unrelated business taxable income Subtract line 31 from line 30  | <b>32</b>  |  | <b>4,824.</b> |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 4

DESCRIPTION

NET INCOME  
OR (LOSS)

RIVER CITY BINGO MANAGEMENT - ORDINARY BUSINESS INCOME  
(LOSS)

4,824.

TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5

4,824.