Other deductions (attach schedule) 0. Total deductions Add lines 14 through 28 29 -922,966. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) -922 966 Unrelated business taxable income. Subtract line 31 from line 30 Form **990-T** (2018) 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. 2018.05050 COMMUNATIES FOUNDATION

| Form 990-1   | (2018) COMMUNITIES FOUNDATION OF TEXAS INC  |                                 | 75-096                | 4565            |                    | Page       |
|--------------|---|---------------------------------|-----------------------|-----------------|--------------------|------------|
| Part I       | Total Unrelated Business Taxable Income   |                                 |                       |                 |                    |            |
| 33           | Total of unrelated business taxable income computed from all unrelated trades or businesses (see  | e instructions                  | s)                    | 33              | 3,7                | <u> 21</u> |
| 34           | Amounts paid for disallowed fringes   |                                 |                       | 34              |                    |            |
| 35           | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru  | ctions)                         | STMT 1                | 35              | 3,7                | 21         |
| 36           | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si  |                                 |                       |                 |                    |            |
| •            | lines 33 and 34   |                                 |                       | 36              |                    |            |
| 37           | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)   |                                 | 29                    |                 | 1,0                | 00         |
| 38           | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line   | 36.                             | 7                     |                 |                    |            |
| 00           | enter the smaller of zero or line 36  | · · ·                           |                       | 38              |                    | 0          |
| Part I       |   |                                 |                       | 1 00 1          |                    |            |
| 39           | Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)  |                                 | <b>&gt;</b>           | 39              |                    | 0          |
|              | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of   | on line 38 fro                  | _                     | "               |                    |            |
| 40           | Tax rate schedule or Schedule D (Form 1041)   | JII IIIIC 30 II 0               | ·"                    | 40              |                    |            |
| 44           |   |                                 |                       | 41              |                    |            |
| 41           | Proxy tax See instructions  |                                 |                       | 42              |                    |            |
| 42           | Alternative minimum tax (trusts only)   |                                 |                       |                 |                    |            |
| 43           | Tax on Noncompliant Facility Income See instructions  |                                 |                       | 43              |                    | 0          |
| 44<br>Dort \ | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  Tax and Payments   | -                               |                       | 44              |                    |            |
| Part \       |   | T <sub>4</sub> c <sub>+</sub> T |                       |                 |                    |            |
|              | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)   | 45a                             |                       | -               |                    |            |
| b            | Other credits (see instructions)  | 45b                             |                       | -               |                    |            |
| C            | General business credit Attach Form 3800  | 45c                             |                       | 4               |                    |            |
| d            | Credit for prior year minimum tax (attach Form 8801 or 8827)  | 45d                             |                       | <del> </del>    |                    |            |
| е            | Total credits. Add lines 45a through 45d  |                                 |                       | 45e             |                    |            |
| 46           | Subtract line 45e from line 44  |                                 |                       | 46              |                    | 0          |
| 47           | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88   | 66 Oth                          | IEF (attach schedule) | 47              |                    |            |
| 48           | Total tax. Add lines 46 and 47 (see instructions)   |                                 |                       | 48              |                    | 0          |
| 49           | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2  |                                 |                       | 49              |                    | 0          |
| 50 a         | Payments: A 2017 overpayment credited to 2018   | 50a                             |                       | 4               |                    |            |
| b            | 2018 estimated tax payments   | 50b                             |                       | _               |                    |            |
| C            | Tax deposited with Form 8868  | 50c                             |                       | <u> </u>        |                    |            |
| d            | Foreign organizations: Tax paid or withheld at source (see instructions)  | 50d                             |                       | _               |                    |            |
| е            | Backup withholding (see instructions)   | 50e                             |                       | _               |                    |            |
| f            | Credit for small employer health insurance premiums (attach Form 8941)  | 50f                             |                       | _               |                    |            |
| g            | Other credits, adjustments, and payments: Form 2439   |                                 |                       |                 |                    |            |
|              | Form 4136 Other Total   | 50g                             |                       |                 |                    |            |
| 51           | Total payments. Add lines 50a through 50g   |                                 |                       | 51              |                    |            |
| 52           | Estimated tax penalty (see instructions). Check if Form 2220 is attached  |                                 |                       | 52              |                    |            |
| 53           | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed   |                                 | <b>&gt;</b>           | 53              |                    |            |
| 54           | Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  |                                 | <b>•</b>              | 54              |                    |            |
| 55           | Finter the amount of line 54 you want: Credited to 2019 estimated tax   |                                 | Refunded -            | 55              |                    |            |
| Part \       |   |                                 | tructions)            |                 |                    |            |
| 56           | At any time during the 2018 calendar year, did the organization have an interest in or a signature  | or other auth                   | ority                 |                 | Yes                | No         |
| 00           | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization  |                                 |                       |                 |                    |            |
|              | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the   |                                 |                       |                 |                    |            |
|              | here  | orongin dourn                   | ,                     |                 | -                  | X          |
| 57           | During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra   | ansferor to a                   | foreign trust?        |                 |                    | X          |
| 37           | If "Yes," see instructions for other forms the organization may have to file.   | 21131010110, 12                 | Torongir truot        |                 |                    | † <u></u>  |
| 50           | Finter the amount of tax-exempt interest received or accrued during the tax year  |                                 |                       |                 |                    | i          |
| 58           | Linder penalties of persity. I declare that I have examined this return including accompanying schedules and sta  | tements, and to                 | the best of my knowle | dge and belief. | it is true.        | 1          |
| Sign         | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta correct, and complete Deplatation of preparer (gither than taxpayer) is based on all information of which preparer | has any knowle                  | edge                  |                 |                    |            |
| Here         | NAME AND IS A YOUR PRESIDE  | NT AND                          |                       | •               | cuss this return v | with       |
|              | Signature of officer Date Title   | TAT WINT                        |                       | ne preparer sho |                    | <b> N.</b> |
|              | - Significant or smooth   |                                 | T                     |                 | A 162              | _ No       |
|              | Print/Type preparer's dame Preparer's signature Da  | ie                              | 1 — .                 | ıf PTIN         |                    |            |
| Paid         | PAMELA  | /10/00                          | self- employed        | D04             | 210005             |            |
| Prepa        |   | <u>/19/20</u>                   | <del>'</del>          | <del></del>     | 218925<br>018031   |            |
| Use C        | nly Firm's name ► MOSS ADAMS LLP  | 500                             | Firm's EIN            | AT-             | 018931             | 0_         |
|              | 6565 AMERICAS PARKWAY NE STE  | 5 U U                           | 1                     |                 |                    |            |

ALBUQUERQUE, NM 87110

823711 01-09-19

Phone no. 505-878-7200 Form **990-T** (2018)

| Schedule A - Cost of Good  | s Sold. Enter        | method of inver  | ntory v  | aluation ► N/A   |           |   |                  |  |            |
|--|----------------------|--|----------|--|-----------|---|------------------|--|------------|
| Inventory at beginning of year   | 1                    |  | 6        | Inventory at end of yea  | ır        |   | 6                |  |            |
| 2 Purchases  | 2                    |  | 7        | Cost of goods sold St  | ubtract I | ine 6   |                  |  |            |
| 3 Cost of labor  | 3                    |  |          | from line 5. Enter here  | and in F  | Part I,   |                  |  |            |
| 4 a Additional section 263A costs  |                      |  |          | line 2   |           |   | 7                |  |            |
| (attach schedule)  | 4a                   |  | 8        | Do the rules of section  | 263A (    | with respect to   |                  |  | es 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 (see instructions)  | (From Real I         | Property and   | l Per    | sonal Property L   | .ease     | d With Real Prop  | erty             | ,  |            |
| 1 Description of property  |                      |  |          |  |           |   |                  |  |            |
| (1)  | -                    |  |          |  |           | · · · · · · · · · · · · · · · · · · ·                                     |                  |  |            |
| (2)  |                      | · · · · · · · · · · · · · · · · · · ·                          |          |  |           |   |                  |  |            |
| (3)  |                      |  | _        |  |           |   |                  |  |            |
| (4)  |                      |  |          |  | -         |   |                  |  |            |
|  | 2 Rent receive       | ed or accrued  |          |  |           |   |                  |  |            |
| (a) From personal property (if the per<br>rent for personal property is more<br>10% but not more than 50%) | e than               | of rent for  | personal | onal property (if the percentar<br>property exceeds 50% or if<br>ed on profit or income) | ge        | 3(a) Deductions directly columns 2(a) as                                  | connected 2(b) ( | attach schedule)                                     | me in      |
| (1)  |                      |  |          |  |           |   |                  |  |            |
| (2)  |                      |  |          |  |           |   |                  |  |            |
| (3)  |                      |  |          |  |           |   |                  |  |            |
| (4)  |                      |  |          |  |           |   |                  |  |            |
| Total  | 0.                   | Total  |          |  | 0.        | ]   |                  |  |            |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column                         | n (A)                | <b></b>  |          |  | 0.        | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | <b>&gt;</b>      |  | 0.         |
| Schedule E - Unrelated Deb   | ot-Financed          | Income (see  | ınstru   | ctions)  |           |   |                  |  |            |
|  |                      |  | 2        | . Gross income from  |           | <ol> <li>Deductions directly con<br/>to debt-finance</li> </ol>           |                  |  |            |
| 1 Description of debt-fit  | nanced property      |  |          | or allocable to debt-<br>financed property   | (a)       | Straight line depreciation (attach schedule)                              |                  | (b) Other dedu<br>(attach sched                      |            |
| (1)  |                      |  |          |  |           |   |                  |  |            |
| (2)  |                      |  |          |  |           |   |                  |  |            |
| (3)  |                      |  |          |  |           |   |                  |  |            |
| (4)  |                      |  |          |  |           |   |                  |  |            |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)           | of or a<br>debt-fina | adjusted basis<br>allocable to<br>nced property<br>n schedule) | •        | Column 4 divided<br>by column 5  |           | 7 Gross income<br>reportable (column<br>2 x column 6)                     |                  | 8 Allocable de<br>(column 6 x total of<br>3(a) and 3 | of columns |
| (1)  | -                    |  |          | %  |           |   |                  |  |            |
| (2)  |                      |  |          | %  |           |   |                  |  |            |
| (3)  |                      |  |          | %  |           |   |                  |  |            |
| (4)  |                      |  |          | %  |           |   |                  |  |            |
|  |                      |  |          |  |           | nter here and on page 1,<br>Part I, line 7, column (A)                    |                  | Enter here and on<br>Part I, line 7, colu            |            |
| Totals   |                      |  |          | <b>&gt;</b>  |           | 0   |                  |  | 0.         |
| Total dividends-received deductions  | ncluded in column    | n 8  |          | •  |           | <u> </u>  | -                |  | 0.         |

Form 990-T (2018)

| Schedule F - Interest, A            | Annuities, I  | Royalties, a                     | and Rents   | From Co   | ntrolle        | d Organiza   | tions     | see ins   | struction           | s)   |
|-------------------------------------|---|----------------------------------|---|---|----------------|--|-----------|---|---------------------|--|
|                                     |   |                                  | Exempt  | Controlled O  | rganizati      | ons  |           |   |                     |  |
| 1 Name of controlled organizat      | ion   | 2 Employer identification number |   | related income<br>e instructions)   | 4. Tot<br>payr | payments made inclu  |           | Part of column 4 that is cluded in the controlling anization's gross income |                     | 6 Deductions directly connected with income in column 5                                    |
|                                     |   | ······                           |   |   |                |  |           |   |                     |  |
| (2)                                 |   |                                  | <del></del>   |   | -              |  |           |   |                     |  |
|                                     |   |                                  |   |   |                |  |           |   | -                   |  |
| (3)                                 |   |                                  | -   |   |                |  | -         |   |                     |  |
| (4)                                 |   |                                  |   |   |                |  |           |   |                     |  |
| Nonexempt Controlled Organi         |   |                                  |   |   | <u> </u>       | 40   |           |   | 44 -                |  |
| 7 Taxable Income                    |   | ted income (loss)<br>structions) | g Total   | of specified payr<br>made   | nents          | 10 Part of colur<br>in the controlli<br>gross                        |           | iization's  | 11 De<br>with       | ductions directly connected income in column 10  |
| (1)                                 |   |                                  |   |   |                |  |           |   |                     |  |
| (2)                                 |   | -                                |   |   |                |  |           |   |                     |  |
| (3)                                 |   |                                  | <u> </u>  |   |                |  |           |   |                     |  |
|                                     | -   |                                  | -   |   |                |  |           |   |                     |  |
| (4)                                 | <u> </u>  |                                  |   |   |                |  |           |   |                     |  |
|                                     |   |                                  |   |   |                | Add colum<br>Enter here and<br>line 8, c                             |           | 1, Part I,  |                     | id columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)                    |
| Totals                              |   |                                  |   | •   | ▶              |  |           | 0.  |                     | 0.   |
| Schedule G - Investme               |   | of a Section                     | on 501(c)(7   | '), (9), or (   | 17) Org        | janization   |           | <u> </u>  |                     |  |
| 1 Desc                              | ription of income   |                                  |   | 2. Amount of  | income         | 3 Deduction<br>directly conne<br>(attach sched                       | cted      | 4 Set-<br>(attach s   | asides<br>schedule) | 5 Total deductions<br>and set-asides<br>(col 3 plus col 4)                                 |
| (1)                                 |   |                                  |   |   |                |  |           |   |                     |  |
| (2)                                 |   |                                  |   |   |                |  |           |   |                     |  |
| (3)                                 |   |                                  | -   | -   |                |  |           |   |                     |  |
| (4)                                 |   |                                  |   |   |                |  |           |   |                     | <del> </del>   |
| (4)                                 |   |                                  |   | Enter here and  | on page 1.     |  |           |   |                     | Enter here and on page 1,  |
|                                     |   |                                  |   | Part I, line 9, co  | lumn (A)       |  |           |   |                     | Part I, line 9, column (B)   |
| Schedule I - Exploited              | Evennt Ac   | tivity Inco                      | ma Other  | Than Adv  | 0.l            | a Incomo   |           |   |                     |  |
| (see instru                         |   |                                  | me, other   |   |                |  |           |   |                     | · · · · · · · · · · · · · · · · · · ·  |
| 1 Description of exploited activity | 2 Gross<br>unrelated busi<br>income fro<br>trade or busir | ness direc                       | Expenses tly connected n production f unrelated ness income | 4 Net income (loss)<br>from unrelated trade or<br>business (column 2<br>minus column 3) if a<br>gain, compute cots 5<br>through 7 |                | 5 Gross inco<br>from activity to<br>is not unrelate<br>business inco | hat<br>ed | 6 Exp<br>attribut<br>colur  | able to             | 7 Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |
| (1)                                 |   |                                  |   |   |                | · <u> </u>   |           |   |                     |  |
| (2)                                 |   |                                  |   | 1   |                |  |           |   |                     |  |
| (3)                                 |   |                                  |   | <u> </u>  |                |  |           |   |                     |  |
| (4)                                 |   |                                  |   | -   |                |  |           |   |                     | ·†   |
|                                     | Enter here and page 1, Par line 10, col                   | ti, pa<br>(A) line               | r here and on<br>ge 1, Part I,<br>10, col (B)               |   |                |  |           |   | ·                   | Enter here and<br>on page 1,<br>Part II, line 26   |
| Totals • Advertisin                 |   | 0.                               | 0.  | <u> </u>  |                |  |           |   |                     | 0.   |
| Schedule J - Advertisir             |   |                                  |   | - 1: 1 - 2 - 3  | D ' -          |  |           |   |                     |  |
| Part I Income From I                | eriodicals  |                                  | on a Cons   | solidated   | Basis          | <del>- 1</del> · · · · · · · · · · · · · · · · · ·                   |           |   |                     |  |
| 1 Name of periodical                | ad/   | Gross<br>vertising<br>icome      | 3 Direct advertising costs                                  |   |                | 5 Circulat income  |           | 6 Reade<br>cost   |                     | 7 Excess readership costs (column 6 minus column 5, but not more than column 4)            |
| (1)                                 |   |                                  |   |   |                |  |           |   |                     |  |
| (2)                                 |   |                                  |   |   |                |  |           |   |                     |  |
| (3)                                 |   |                                  |   | 7   |                |  |           |   |                     |  |
| (4)                                 |   |                                  |   | ┪   |                |  |           |   |                     |  |
|                                     |   | _                                | <del> </del>  |   | -              |  |           | -   | -                   |  |
| Totals (carry to Part II, line (5)) | <u> </u>  | 0.                               | 0   | •   |                |  |           |   |                     | 0.<br>Form <b>990-T</b> (2018)   |

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<br>advertising<br>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          | <b>•</b> | 0.   | 0.   |  |                      |                    | 0   |
|                             |          | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) |  |                      |                    | Enter here and<br>on page 1,<br>Part II, line 27                                |
| 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 |         | <b>&gt;</b>                            | 0.  |

Form 990-T (2018)

| FORM 990-T           | NET                  | OPERATING LOSS                | DEDUCTION            | STATEMENT 1            |
|----------------------|----------------------|-------------------------------|----------------------|------------------------|
| TAX YEAR             | LOSS SUSTAINED       | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING    | AVAILABLE<br>THIS YEAR |
| 06/30/17<br>06/30/18 | 400,012.<br>916,404. | 0.                            | 400,012.<br>916,404. | 400,012.<br>916,404.   |
| NOL CARRYO           | VER AVAILABLE THIS   | YEAR                          | 1,316,416.           | 1,316,416.             |

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

ENTITY

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99)

Name of the organization

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

Employer identification number

|           | COMMUNITIES FOUNDATION (  | OF I     | EXAS INC                                     | 75-0964                               | 4565                      |
|-----------|---|----------|--|---------------------------------------|---------------------------|
| <u> </u>  | nrelated business activity code (see instructions) > 52300  | 0        |  |                                       | <del></del> -             |
|           |   | CKE      | R LTD  |                                       |                           |
| Par       | t I Unrelated Trade or Business Income  |          | (A) Income                                   | (B) Expenses                          | (C) Net                   |
| 1 a       | Gross receipts or sales   |          |  | · · · · · · · · · · · · · · · · · · · |                           |
| b         | Less returns and allowances c Balance ▶   | 1c       |  | <del></del>                           |                           |
| 2         | Cost of goods sold (Schedule A, line 7)   | 2        |  |                                       |                           |
| 3         | Gross profit Subtract line 2 from line 1c   | 3        |  |                                       |                           |
| 4 a       | Capital gain net income (attach Schedule D)   | 4a       |  |                                       |                           |
| b         | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)  | 4b       |  |                                       |                           |
| Ć.        | Capital loss deduction for trusts   | 4c_      |  |                                       |                           |
| 5         | Income (loss) from a partnership or an S corporation (attach  |          | 2 752  |                                       | 2.752                     |
|           | statement)  | 5        | 2,752.                                       | <u> </u>                              | 2,752.                    |
| 6         | Rent income (Schedule C)  | 6        | <del></del>                                  | <u> </u>                              |                           |
| 7         | Unrelated debt-financed income (Schedule E)   | 7        |  |                                       |                           |
| 8         | Interest, annuities, royalties, and rents from a controlled   |          |  |                                       |                           |
| _         | organization (Schedule F)   | 8_       |  |                                       |                           |
| 9 .       | Investment income of a section 501(c)(7), (9), or (17)  |          |  |                                       |                           |
|           | organization (Schedule G)   | 9        |  | <del></del>                           |                           |
| 10        | Exploited exempt activity income (Schedule I)   | 10       |  |                                       |                           |
| 11        | Advertising income (Schedule J)   | 11       | -  |                                       |                           |
| 12        | Other income (See instructions, attach schedule)  | 12<br>13 | 2,752.                                       |                                       | 2,752.                    |
| <u>13</u> | Total. Combine lines 3 through 12   |          |  |                                       |                           |
| Par       | Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the understanding the second | ons to   | or limitations on dec<br>ted business income | e.)                                   | ot for contributions,     |
| 14        | Compensation of officers, directors, and trustees (Schedule K)  |          |  | <u> </u>                              | 14                        |
| 15        | Salaries and wages  |          |  | <u> </u>                              | 15                        |
| 16        | Repairs and maintenance   |          |  | . <u>  1</u>                          | 16                        |
| 17        | Bad debts   |          |  | _1                                    | 17                        |
| 18        | Interest (attach schedule) (see instructions)   |          |  | <u> </u>                              | 18                        |
| 19        | Taxes and licenses  |          |  | -                                     | 19                        |
| 20        | Charitable contributions (See instructions for limitation rules)  |          | 1 1  | 2                                     | 20                        |
| 21        | Depreciation (attach Form 4562)   |          | 21   |                                       | <b>_ </b> '               |
| 22        | Less depreciation claimed on Schedule A and elsewhere on return   |          | 22a  |                                       | 2b                        |
| 23        | Depletion   |          |  | _                                     | 23                        |
| 24        | Contributions to deferred compensation plans  |          |  |                                       | 24                        |
| 25        | Employee benefit programs   |          |  |                                       | 25                        |
| 26        | Excess exempt expenses (Schedule I)   |          |  |                                       | 26                        |
| 27        | Excess readership costs (Schedule J)  |          |  |                                       | 27                        |
| 28        | Other deductions (attach schedule)  |          |  |                                       | 28                        |
| 29        | Total deductions. Add lines 14 through 28   |          |  | _                                     | 9 0.                      |
| 30        | Unrelated business taxable income before net operating loss deduced   |          |  | 13 3                                  | 2,752.                    |
| 31        | Deduction for net operating loss arising in tax years beginning on o  | r after  | January 1, 2018 (see                         |                                       |                           |
|           | instructions)   |          |  | <u> </u>                              | 31 2 752                  |
| 32        | Unrelated business taxable income Subtract line 31 from line 30   |          |  |                                       | 2,752.                    |
| I HA      | For Paperwork Reduction Act Notice, see instructions.   |          |  | Sche                                  | edule M (Form 990-T) 2018 |

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LHA For Paperwork Reduction Act Notice, see instructions.

# Unrelated Business Taxable Income for Unrelated Trade or Business

TITE 1 2019 ... TITM 20 201

(A) Income

2018

OMB No 1545-0687

ENTITY

pen to Public Inspection fo

(C) Net

Department of the Treasury Internal Revenue Service (99)

Name of the organization

Unrelated business activity code (see instructions)

Part I Unrelated Trade or Business Income

Describe the unrelated trade or business

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

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).

COMMUNITIES FOUNDATION OF TEXAS INC

523000

► HARRIS DABNEY LTD

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

Employer identification number

75-0964565

(B) Expenses

| 1 a      | Gross receipts or sales   |      |                               |               |                 |
|----------|---|------|-------------------------------|---------------|-----------------|
| b        | Less returns and allowances c Balance ▶                               | 1c   |                               |               |                 |
| 2        | Cost of goods sold (Schedule A, line 7)                               | 2    |                               |               |                 |
| 3        | Gross profit Subtract line 2 from line 1c                             | 3    |                               |               |                 |
| 4 a      | Capital gain net income (attach Schedule D)                           | 4a   |                               |               |                 |
| b        | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)      | 4b   |                               |               |                 |
| С        | Capital loss deduction for trusts                                     | 4c   |                               |               |                 |
| 5        | Income (loss) from a partnership or an S corporation (attach          |      | ]                             |               |                 |
|          | statement)  | 5    | 958.                          |               | 958.            |
| ٠6       | Rent income (Schedule C)  | 6    |                               |               |                 |
| 7        | Unrelated debt-financed income (Schedule E)                           | 7    |                               |               |                 |
| 8        | Interest, annuities, royalties, and rents from a controlled           |      |                               |               |                 |
|          | organization (Schedule F)   | 8_   |                               |               |                 |
| 9        | Investment income of a section 501(c)(7), (9), or (17)                |      | 1                             |               |                 |
|          | organization (Schedule G)   | 9    |                               |               |                 |
| 10       | Exploited exempt activity income (Schedule I)                         | 10   |                               |               |                 |
| 11       | Advertising income (Schedule J)                                       | 11   |                               |               |                 |
| 12       | Other income (See instructions, attach schedule)                      | 12   |                               |               |                 |
| 13       | Total. Combine lines 3 through 12                                     | 13   | 958.                          |               | 958.            |
| 14       | Compensation of officers, directors, and trustees (Schedule K)        |      |                               | 14            |                 |
|          | •   |      |                               |               |                 |
| 15<br>16 | Salaries and wages Repairs and maintenance                            |      |                               | 15<br>16      |                 |
| 17       | Bad debts   |      |                               | 17            |                 |
| 18       | Interest (attach schedule) (see instructions)                         |      |                               | 18            |                 |
| 19       | Taxes and licenses  |      |                               | 19            |                 |
| 20       | Charitable contributions (See instructions for limitation rules)      |      |                               | 20            |                 |
| 21       | Depreciation (attach Form 4562)                                       |      | 21                            |               |                 |
| <br>22   | Less depreciation claimed on Schedule A and elsewhere on return       |      | 22a                           | 22b           |                 |
| <br>23   | Depletion   |      |                               | 23            |                 |
| 24       | Contributions to deferred compensation plans                          |      |                               | 24            |                 |
| 25       | Employee benefit programs   |      |                               | 25            |                 |
| 26       | Excess exempt expenses (Schedule I)                                   |      |                               | 26            |                 |
| 27       | Excess readership costs (Schedule J)                                  |      |                               | 27            |                 |
| 28       | Other deductions (attach schedule)                                    |      |                               | 28            |                 |
| 29       | Total deductions. Add lines 14 through 28                             |      |                               | 29            | 0.              |
| 30       | Unrelated business taxable income before net operating loss deduc     | tion | Subtract line 29 from line 13 | 30            | 958.            |
| 31       | Deduction for net operating loss arising in tax years beginning on or |      |                               |               |                 |
|          | instructions)   |      |                               | 31            |                 |
| 32       | Unrelated business taxable income Subtract line 31 from line 30       |      |                               | 32            | 958.            |
| LHA      | For Paperwork Reduction Act Notice, see instructions.                 |      |                               | Schedule M (F | orm 990-T) 2018 |

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

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

Department of the Treasury Internal Revenue Service (99) Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

5

ENTITY

OMB No 1545-0687

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

COMMUNITIES FOUNDATION OF TEXAS INC

Employer identification number

75-0964565

Unrelated business activity code (see instructions) > 523000 ► HARRIS, DABNEY, BRINKER LTD Describe the unrelated trade or business **Unrelated Trade or Business Income** (B) Expenses (C) Net (A) Income 1a Gross receipts or sales **b** Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 11. 11. statement) 5 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 13 11 Total, Combine lines 3 through 12

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

| 14 | Compensation of officers, directors, and trustees (Schedule K)                                       | 14  |     |
|----|--|-----|-----|
| 15 | Salaries and wages   | 15  |     |
| 16 | Repairs and maintenance  | 16  |     |
| 17 | Bad debts  | 17  |     |
| 18 | Interest (attach schedule) (see instructions)  | 18  |     |
| 19 | Taxes and licenses   | 19  |     |
| 20 | Charitable contributions (See instructions for limitation rules)                                     | 20  |     |
| 21 | Depreciation (attach Form 4562)  |     |     |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return 22a                                  | 22b |     |
| 23 | Depletion  | 23  |     |
| 24 | Contributions to deferred compensation plans   | 24  |     |
| 25 | Employee benefit programs  | 25  |     |
| 26 | Excess exempt expenses (Schedule I)  | 26  |     |
| 27 | Excess readership costs (Schedule J)   | 27_ |     |
| 28 | Other deductions (attach schedule)   | 28  |     |
| 29 | Total deductions. Add lines 14 through 28  | 29  | 0.  |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30  | 11. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see     |     |     |
|    | instructions)  | 31  |     |
| 32 | Unrelated business taxable income Subtract line 31 from line 30                                      | 32  | 11. |

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Schedule M (Form 990-T) 2018

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

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) 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.

Open to Public Inspection for

| Name      | of the organization  |         |                            | Employer ident |   |                     |
|-----------|--|---------|----------------------------|----------------|---|---------------------|
|           | COMMUNITIES FOUNDATION (   |         | EXAS INC                   | 75-096         | 456   | 5                   |
|           | Inrelated business activity code (see instructions) > 52300                                      |         |                            |                | ~   | _                   |
|           | Describe the unrelated trade or business NANO SIGN   | ATU     | RE IMAGING TE              | CHNOLOGIE      | <u>з Г</u>  | <u> </u>            |
| Pa        | Unrelated Trade or Business Income   |         | (A) Income                 | (B) Expenses   |   | (C) Net             |
| 1a        | Gross receipts or sales  |         |                            |                |   |                     |
| b         | Less returns and allowances c Balance ▶  | 1c      |                            |                |   |                     |
| 2         | Cost of goods sold (Schedule A, line 7)  | 2       |                            |                |   |                     |
| 3         | Gross profit Subtract line 2 from line 1c  | 3       |                            |                | $\perp$   |                     |
| 4 a       | Capital gain net income (attach Schedule D)  | 4a      |                            |                |   |                     |
| b         | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                                 | 4b      |                            |                |   |                     |
| С         | Capital loss deduction for trusts  | 4c      |                            |                |   |                     |
| 5         | Income (loss) from a partnership or an S corporation (attach                                     |         |                            |                |   |                     |
|           | statement)   | 5       | -62,348.                   |                | $-\!$ | <u>-62,348.</u>     |
| 6         | Rent income (Schedule C)   | 6       |                            |                |   |                     |
| 7         | Unrelated debt-financed income (Schedule E)  | 7       |                            |                |   |                     |
| 8         | Interest, annuities, royalties, and rents from a controlled                                      |         |                            |                |   |                     |
|           | organization (Schedule F)  | 8       |                            |                | <del></del>   |                     |
| 9         | Investment income of a section 501(c)(7), (9), or (17)   |         |                            |                |   |                     |
|           | organization (Schedule G)  | 9       | -                          |                | $-\!\!\!\!+$  |                     |
| 10        | Exploited exempt activity income (Schedule I)  | 10      |                            |                | <del></del>   |                     |
| 11        | Advertising income (Schedule J)  | 11      |                            |                | <del></del>   |                     |
| 12        | Other income (See instructions, attach schedule)   | 12      | -62,348.                   |                | $-\!\!\!+$  | -62,348.            |
| <u>13</u> | Total. Combine lines 3 through 12  | 13      | -02,340.                   |                |   | -02,340.            |
| Pai       | deductions Mot Taken Elsewhere (See instruction deductions must be directly connected with the u |         |                            |                | pt for  | r contributions,    |
| 14        | Compensation of officers, directors, and trustees (Schedule K)                                   |         |                            | -              | 14  |                     |
| 15        | Salaries and wages   |         |                            |                | 15  |                     |
| 16        | Repairs and maintenance  |         |                            | -              | 16  |                     |
| 17        | Bad debts  |         |                            | -              | 17  |                     |
| 18        | Interest (attach schedule) (see instructions)  |         |                            | -              | 18  | <del></del>         |
| 19        | Taxes and licenses   |         |                            | -              | 19  |                     |
| 20        | Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) |         | امرا                       | -              | 20  | <del></del>         |
| 21<br>22  | Less depreciation claimed on Schedule A and elsewhere on return                                  |         | 21<br>22a                  |                | <br>22b   |                     |
| 23        | Depletion  |         | 220                        |                | 23  |                     |
| 24        | Contributions to deferred compensation plans   |         |                            | F-             | 24  |                     |
| 25        | Employee benefit programs  |         |                            | <u> </u>       | 25  |                     |
| 26        | Excess exempt expenses (Schedule I)  |         |                            |                | 26  |                     |
| 27        | Excess readership costs (Schedule J)   |         |                            |                | 27  |                     |
| 28        | Other deductions (attach schedule)   |         |                            |                | 28  |                     |
| 29        | Total deductions. Add lines 14 through 28  |         |                            | _              | 29  | 0.                  |
| 30        | Unrelated business taxable income before net operating loss deduc                                | ction S | Subtract line 29 from line | _              | 30  | -62,348.            |
| 31        | Deduction for net operating loss arising in tax years beginning on o                             |         |                            |                |   |                     |
|           | instructions)  |         | • • •                      | [              | 31  |                     |
| 32        | Unrelated business taxable income Subtract line 31 from line 30                                  |         |                            |                | 32  | -62,348.            |
|           | For Paperwork Reduction Act Notice, see instructions   |         |                            | Soh            | odulo   | M (Form 990-T) 2018 |