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		l						293	3 9 3 0 7	15,0	0.055_{0MB}	0600
For	990-T		Exempt Or	rganization Bເ and proxy tax ur	usine nder s	ess l sectio	ncome n 6033(Tax R	eturn (14	2018	<u> </u>
	artment of the Treasury nat Revenue Service			ax year beginning v.irs.gov/Form9907 for ers on this form as it n		tions a					pen to Public Insp 901(c)(3) Organizati	
A	Check box if	1	Name of organization	(Check box if nam							cation number	O110 401030
	address changed Exempt under section	1	_	ommunity De	_			,	1		see instructions)	
_ [X 501(C)(D3)	Print	Corporati			_						
•	408(e) 220(e)	or		or suite no If a P O box, see	instruction	ns			76	-038	0602	
Ì	408A 530(a)	Туре	2505 Wash	ington RM/	STE	400)		E Unrelate	ed busine:	ss activity code	
[529(a)	"	City or town, state or pro	ovince, country, and ZIP or fo	oreign pos	stal code			(See ins	tructions)	4	
C	Book value of all assets	Ĺ <u>.</u>	Houston			TX	<u>77007</u>		90	0003	L	
	at end of year	F G	roup exemption num	ber (See instructions.								
	<u>40,573,967</u>	G C	heck organization typ	oe ▶ X 501(c)	corpora	ation	50	1(c) trust	401(a)	trust	Other trus	st
H	Enter the number of the	_							nrelated trade	or busi	ness here	
ļ				l property-					·		only one, compl	lete
	Parts I–V If more than o			· · · · · · · · · · · · · · · · · · ·		previo	us senten	ce, comple	te Parts I and	II, comp	olete	
	Schedule M for each add											.
	Ouring the tax year, was f "Yes," enter the name				or a pa	irent-su	ibsidiary c	ontrolled gi	roup?		► ∐ Yes	X No
J .	The books are in care of	▶ T	ravis Gord	lon				Tele	ephone numb	er ▶ ˈ	713-864-	8099
#	Unrelated	Trade	e or Business Ir	ncome			(A) Ir	come	(B) Exper	1505	(C) Net	t
1a	Gross receipts or sales	s		_								
Ь	Less returns and allow	ances		c Balance	▶	1c						
2	Cost of goods sold (So		•			2						
3	Gross profit. Subtract I					3					<u></u>	
4a	Capital gain net incom	•	•	A=1	ł	4a						
b	Net gain (loss) (Form 4797		* *	97)	ł	4b						
C	Capital loss deduction			See Stmt	}	4c 5		41,124			141	1,124
5 6	Income (loss) from partnership a Rent income (Schedule	•	oration (attach statement)	see still	}	6		.41,144			141	1,124
7	Unrelated debt-finance	•	e (Schedule E)		ł	7	 -				 	
8	Interest, annuities, royaltie		,	nization (Schedule F)	Ì	8					1	
9	Investment income of a se		•	, ,	į	9					Ī	
10	Exploited exempt activ	ity incon	ne (Schedule I)			10						
11	Advertising income (So	chedule	J)			11			***************************************		_	
12	Other income (See ins		•	See Stmt	ŀ	12						7,667
13	Total. Combine lines 3			<u> </u>		13		48,791		-16		8,791 -
_	deductions	s must	be directly conne	ere (See instruction ected with the unr	ons for related	d busi	ness inc	ome.)	ons.) (Exce			5,425
14 15	Compensation of office Salaries and wages	ers, airea	ctors, and trustees (S	cnedule K)	1	रि	ECEI	/E[15	 	7,425
16	Repairs and maintenar	nce			4					16	 	
17	Bad debts	100			HC04	AL	N 15	2020		17	 	
18	Interest (attach schedu	ıle) (see	instructions)			i	ODEN			18		
19	Taxes and licenses		·				GDEN,	<u>. U</u>		19		
20	Chantable contributions (S	ee instruc	ctions for limitation rules)						20		
21	Depreciation (attach Fo	orm 456	2)					21		_ /////		
22	Less depreciation clain	ned on S	Schedule A and elsev	where on return			نا	22a		22b	 	0
23	Depletion									23	╅───-	
24 25	Contributions to deferre	•	ensation plans							24	 	
25 26	Employee benefit progr		adula I)							25 26	 	
26 27	Excess exempt expens Excess readership cost									26	 	
28	Other deductions (attac	•	•				See S	Statem	ent	28	7	, 227
29	Total deductions. Add		· ·				h			7 729		,652
30	Unrelated business tax		-	ating loss deduction. S	Subtrac	t line 2	9 from line	e 13	1	30		,139
31	Deduction for net opera			-					7	31		
32	Unrelated business tax	-	-				·	<u> </u>	<u></u>	32	141	,139
DAA	For Paperwork Reduc										Form 990- 7	(2018)

AVEN0			
Form	990-T (2018) Avenue Community Development 76-0380602		Page 2
Ø P.	Total Unrelated Business Taxable income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions) ,	33	141,139
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	141,139
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38 37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	7 9 1 1	
50	enter the smaller of zero or line 36	29 38	140,139
#5 2	Tax Computation	21 30	110,133
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 39	29,429
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	33	25,425
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax. See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	45 44	29,429
	Tax and Payments	<u> </u>	27,427
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions) 45c		
d	Credit for pnor year minimum tax (attach Form 8801 or 8827)		
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44 Other taxes	46	29,429
47	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (att sch.)	11 47	
48	Total tax. Add lines 46 and 47 (see instructions)	44 48	29,429
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments: A 2017 overpayment credited to 2018		
b	2018 estimated tax payments \[\sum_{ \text{50b}} \] \[\frac{28}{\text{750b}} \]	500	
С	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
e	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
q	Other credits, adjustments, and payments Form 2439		
•	Form 4136		
51	Total payments. Add lines 50a through 50g	- 51	28,500
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	X/1 52	44
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	F 1 53	973
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunde	· H	
200	Statements Regarding Certain Activities and Other Information (see instructions		·
			Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to fil	y ∣e	145 140
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign count		
	here >		<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ugn trust?	X
58	If "YES," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
30			3//////
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a	and belief, it is	
Sig	true, coπect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		May the IRS discuss this return
Her	Executive Director		with the preparer shown below (see instructions)?
	Signature of officer Date Title		X Yes No
	Print/Type preparer's name Preparer's signature/ Date	Check	ıf PTIN
Paid	Carlos Taboada Carlos Caboada 12/1	3/19 self-emp	Dloyed P01412660
Prep		Firm's EIN	45-2609906
Use			
- ·	Firm's address Houston, TX 77077-2333	Phone no	281-606-3011
		,	200 7

Form	n 990-T (2018) Avenu	e Communi	ty D	evelopm	ent		76-0	380602		Page
	nedule A - Cost of Go					>				
1	Inventory at beginning of y				Inventory at e		•		6	
2	Purchases	2		⁷				ŧ		
3 4a	Cost of labor	3			line 6 from line		nter ner	e and		
74	Additional sec 263A costs	1.1			ın Part I, line 2				_7	т., т.,
ь	(attach schedule) Other costs	4a		8		A (with respect to		Yes No		
_	(attach schedule)	4b					•	ed for resale) apply		
5_	Total. Add lines 1 through				to the organiza					<u> </u>
	edule C – Rent Incon	ne (From Real I	rope	rty and Pers	sonal Proper	ty Le	eased	With Real Prope	rty)	
	ee instructions)	 -								
	cription of property		_		 			<u></u>	-	
(1)	N/A									
(2)				.						
(3)				 				*****		
(4)			-					Τ		
	····	2. Rent receiv	/ed or acci	rued				{		
	(a) From personal property (if the p	=			nd personal property (rectly connected with the	
	for personal property is more that more than 50%)	an 10% but not	ł	· -	for personal property or in is based on profit or in		•	in columns 2(a	a) and 2(b) (attach sched	Jule)
	more than 30 %)			30 % 01 11 11 10 10 11		icome)				
(1)	· · · · · · · · · · · · · · · · · · ·									
(2)		-	 							
(3)			[
(4) Total			Total							
						-		(b) Total deductions		
	otal income. Add totals of c and on page 1, Part I, line 6) Ente	ſ	•			Enter here and on pag Part I, line 6, column (I		
_	edule E – Unrelated D		ncom	e (see instru	ctions)			, , , , , , , , , , , , , , , , , , , ,		
<u> </u>		<u> </u>		1		_		3 Deductions directly cor	nnected with or allocable	e to
	4.5				ss income from or				ced property	
	Description of debt-fit	nanceo property		апосари	e to debt-financed property	ĺ	(a) S	traight line depreciation	(b) Other ded	ductions
					F F		• • •	(attach schedule)	(attach sch	
(1)	N/A			1						
(2)										
(3)										
(4)										
	4. Amount of average	5 Average adjusted l			6 Column				8. Allocable de	eductions
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed prope		I	4 divided	ŀ		ross income reportable	(column 6 x total	
	property (attach schedule)	(attach schedule		ь	y column 5		(0	olumn 2 x column 6)	3(a) and 3	3(b))
(1)				-		%		·	<u> </u>	
(2)						%				······································
(3)						%				
(4)			_			%		****		
							Enter	here and on page 1,	Enter here and	on page 1.
								, line 7, column (A)	Part I, line 7, c	
Total	s						•			
Total	dividends-received deduc	tions included in co	olumn 8					>		

Schedule F – Interest, Anni		ties and Ren				anizatio			tions)	ı age	
Schedule F - Interest, Anno	uities, Royan	iles, and iten	Fxemi	pt Controlled	d Organ	izations	113 (3	occ_mourac	ALION 137		
Name of controlled organization			3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		l in	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) N/A							1		-		
(2)				··				*		<u>"</u>	
(3)	l l										
(4)											
Nonexempt Controlled Organiza	ntions										
7 Touchia laceme		Net unrelated income oss) (see instructions)		9. Total of specified payments made		10. Part of column 9 to included in the control organization's gross in		ontrolling conn		Deductions directly innected with income in column 10	
(1)											
(2)											
(3)				<u> </u>							
(4)						Add col	F	d 10		id columns 6 and 11	
						Enter her Part I, lin	e and o	n page 1,	Ente	er here and on page 1, rt I, line 8, column (B)	
Totals Schedule G – Investment Ir	some of a C	action E01/a	1/7) (9)	or (17) O	raaniz	ation (so	o inct	rauctione)		<u> </u>	
Schedule G – investment ir	iconie oi a 5	ection soric)(1), (3)	, 01 (17) 0	iyamz	ation (Se	3 II 151	iuciions)			
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) N/A			****	†			-	<u>-</u>		 	
(2)		-						•	1		
(3)		****		 				•			
(4)		***************************************		 						• • • • • • • • • • • • • • • • • • • •	
Totals	>	Enter here and o Part I, line 9, col	umn (A)							ter here and on page 1, art I, line 9, column (B)	
Schedule I – Exploited Exer	mpt Activity	Income, Oth	<u>er Than</u>	<u>Advertisi</u>	<u>ng Iņc</u>	ome (see	instr	uctions)			
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirectly connected production unrelate business in	with n of	4. Net income (I from unrelated t or business (col 2 minus column if a gain, comp cols 5 through	rede umn 3) ute	5. Gross inco from activity is not unrela business inco	hat ted	6 Exp attnbut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A				_				1			
(2)											
(3)											
(4)											
Totals ▶	Enter here and or page 1, Part I, line 10, col (A)	n Enter here a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 26	
Schedule J – Advertising In	come (see ins	structions)									
Part I Income From P			Conso	lidated Ba	sis						
Name of penodical	2 Gross advertising income	3. Direct advertising	t .	4. Advertising gain or (loss) (c 2 minus col 3) a gain, compucols 5 through	col If	5 Circulatio income	n	6 Read	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))										5 900 T 10010	

Form 990-T (2018) Avenue Community Development 76-0380602 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	<u>a line-by-line bas</u>	is.)				
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) N/A						
2)						
3)						
4)				Ţ.		
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 II, line 27
otals, Part II (lines 1-5)	<u> </u>					

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) Mary Lawler	Executive Director	%	3,875	
(2) Fred Lazare	Finance Director	%	1,550	
(3)		%	**************************************	
(4)		%		
Total. Enter here and on page 1, Part II, line 14		•	5,425	

Form 990-T (2018)

AVEN0602 Avenue Community Development

-*0602

Federal Statements

FYE: 12/31/2018

Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp	 Gross Income	Direct Deductions (P	-	Net Income
Partnership income-UBI	\$ 141,124	\$	\$	141,124
Total	\$ 141,124	\$	0 \$	141,124

Statement 2 - Form 990-T, Part I, Line 12 - Other Income

Description		Amount		
Land rent - cell tower	\$	7,667		
Total	\$	7,667		

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description		mount
Utilities	\$	427
Accounting		600
Insurance and other		1,200
Total	\$	2,227