TX SEVERE WINTER STORM

. – –	F	-990-T	Ex	cempt Organizatio					rn	OMB No 1545-0047	
	+orm	330-1		(and proxy	△ △ 4△						
	•	_	For caler	ndar year 2019 or other tax year b	202 -	<u>Z</u> W 19					
	•	ment of the Treasury I Revenue Service	▶ Do	► Go to www.irs.gov/Form not enter SSN numbers on this fo	c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only					
	A X	Check box if address changed				ne changed and			D Emplo	yer Identification number yees' trust, see instructions)	
	ВЕхе	mpt under section		HOUSING AND COMMU	NITY S	ERVICES,	INC.		<u> </u>		
	X	501(C)(0 3)	Print	Number, street, and room or suite	no IfaPO	box, see instruct	ions		74-26	585268	
	$\overline{}$	408(e) 220(e)	or Type				•		E Unrelated business activity code (See instructions)		
•		408A530(a)	.,,,,,	3419 NACOGDOCHES	ROAD				(266 III	Judicions)	
	لل	529(a)		City or town, state or province, co	•		al code				
		k value of all assets and of year		SAN ANTONIO, TX 7					71320)0	
			_	up exemption number (See inst			5046		140445	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	
				ck organization type X X Inization's unrelated trades or but			1 501(0	c) trust	401(a)	trust Other trust (or first) unrelated	
				ARITABLE BINGO EVEN			If only one		-	than one, describe the	
				end of the previous sentence			-	•			
		ade or business, the		•	,						
		uring the tax year,		▶ Yes X No							
				identifying number of the parer				******************************		······································	
				DUSING AND COMMUNIT	Y SVCS	INC	Telepho	ne number ▶ 21	.0-821-	·4300	
				or Business Income		(A) Inc	ome	(B) Exper		(C) Net	
		Gross receipts or s		914,419.		o .	14,419.				
	р 2	Less returns and allowa		ule A, line 7)			44,107.	The state of the s	130 9 . Q . M	1.1.1.1.1	
	3	•	•	2 from line 1c	∵		70,312.				
		•		attach Schedule D)	• • ⊨—			ma + 1960 1974 55 1996	100000		
	b			Part II, line 17) (attach Form 4797)			1 F	ECEIVE			
100	С			trusts	4c				• · · · · · · · · · · · · · · · · · · ·		
SCANNED	5	Income (loss) from a p	annership o	r an S corporation (attach statement).	<u> </u>		B02	JU-13-202	SOF		
₽	6	Rent income (Sch	edule C)		6		101	7 7 7 702	1 13		
É	7			come (Schedule E)	7	-	1-0	SDEN II	100		
団	8			ents from a controlled organization (Sched	·	<u> </u>		PUEN, U	<u> </u>		
D	9			ol(c)(7), (9), or (17) organization (Schedu ncome (Schedule I)				 -		 	
<u> </u>	10 11	Advertising incom	-		11			 	<u> </u>		
رکتا	12	•	•	ctions, attach schedule)	• • —			THE WASH	7.31.57.2.25		
ĸć	13			ough 12		1	70,312.			170,312.	
4 2	Par	tll Deduction	Deduction	ons must be directly							
202				he unrelated business inc						·	
	14			directors, and trustees (Schedu						6,000.	
	15		-	• • • • • • • • • • • • • • • • • • • •						50,523. 2,099.	
	16 17									 	
	18			(see instructions)							
=	19		,							5,759.	
792	20	Depreciation (atta	ach Form	4562)			20		. 23		
2 0	21			on Schedule A and elsewhere							
	22	Depletion							22		
Щ	23	,		compensation plans					_		
-	24			s						 	
Received In Batching Ogden	25			Schedule I)						 	
6 0	26			Schedule J)						112,265.	
ei ⊪g(27			schedule)						176,646.	
acc acc	28 29 ·			es 14 through 27 ble income before net opera						-6,334.	
CC II III	30 /	1		ole income before het opera	-					+	
43	31/			le income_Subtract line 30 from	_	-				-6,334.	
				Notice, see instructions.						Form 990-T (2019)	

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PAGE 72

	990 ₂ T <mark>(</mark> 2019)		Page 2
Par			
32 /	Tòtal of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)		154,160.
33	Amounts paid for disallowed fringes	 	-
34	Charitable contributions (see instructions for limitation rules)		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract time		
	34 from the sum of lines 32 and 33	. 35	154,160.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	154,160.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	. 39	153,160.
	t IV Tax Computation	`	
40 /	∕Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	4 0	32,164.
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax! or		
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	▶ 41	
42	Proxy tax. See instructions	▶ 42	_
43	Alternative minimum tax (trusts only)	. 43	
44	Tax on Noncompliant Facility Income See instructions		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. A5	32,164.
Par	t V	<u>/</u>	
46 a/	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	_	
b	Other credits (see instructions),	_	
	General business credit Attach Form 3800 (see instructions)	⊣	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 46a through 46d		
47	Subtract line 46e from line 45		32,164.
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
49	Total tax. Add lines 47 and 48 (see instructions)		32,164
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51 a	Payments A 2018 overpayment credited to 2019	_ `	
	2019 estimated tax payments	-	
		-	
	Foreign organizations Tax paid or withheld at source (see instructions)	_	
е	Backup withholding (see instructions)	_	
	Credit for small employer health insurance premiums (attach Form 8941) 51f		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	. 32	40,000.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	_ 53	6.
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid [9, .]	► 55	7,830.
	Enter the amount of line 55 you want		7,830.
Par	Statements Regarding Certain Activities and Other Information (see instruction	ons) I	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature		·
	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	e foreign c	country
	here >		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	reign trust?	X
	If "Yes," see instructions for other forms the organization may have to file		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my k	nowledge and belief, it i
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	May the IDC	dianing Abia anti-
Her	- D VD DIN COMPLIANCE	•	discuss this return eparer shown below
		(see instructions)	
	Print/Type preparer's name Preparer's signature Date	eckif	PTIN
Paid	N. ARI BERLIN	If-employed	P00665358
•	parer Firm's name BDO USA LLP		3-5381590
Use	Only Emily address > 9901 TH-10 SHITE 500 SAN ANTONIO TY 78230		-342-9000

Phone no 210-342-8000 Form **990-T** (2019)

Firm's address ▶ 9901 IH-10, SUITE 500, SAN ANTONIO, TX 78230

Form 990-T (2019)										P	age 3
Schedule A - Cost of Go	oods Sold. Er	ter method	of inven	tory val	uatio <u>n</u> I	N/A	·				
1 Inventory at beginning of y	ear . 1			6 In	ventory a	at end of yea	ar	6			
2 Purchases							ld. Subtract line				
3 Cost of labor	3			6	from lin	ne 5 Enter	here and in Part				
4a Additional section 263A co				1,	line 2			7		744,1	07.
(attach schedule)	4a			8 D	o the	rules of	section 263A (v	vith re	espect to	Yes	No
b Other costs (attach schedu			107.				or acquired for				
5 Total. Add lines 1 through			107.		the orga	anization?.	<u></u> <u></u>	<u></u>	<u></u>		Х
Schedule C - Rent Income			d Perso	onal Pr	operty	Leased V	Vith Real Prope	rty)			
(see instructions) *	*4B ATCH 2										
Description of property											_
(1)											
(2)									. <u> </u>		
(3)											
(4)											
	2. Rent recei	ved or accrue	d	_							
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percenta	om real and ge of rent to if the rent i	tor person:	al property	exceeds in columns 2(a) and 2(b) (attach schedule)				me	
(1)			_							_	
(2)							-	_			
(3)											
(4)	,									-	
Total		Total			-						
(c) Total income. Add totals of cohere and on page 1, Part I, line 6							(b) Total deduction Enter here and or Part I, line 6, column	page 1	I, ▶		
Schedule E - Unrelated De	ebt-Financed I	ncome (se	e instruc	tions)							
1. Description of deb	ot-financed property			s income from or			Deductions directly co debt-finance	ed prop	erty		
						nt line depreciation ich 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 adju of or alloca debt-financed (attach sch	ible to property		Column 4 divided column	5		income reportable n 2 x column 6)		Allocable de umn 6 x total 3(a) and 3	of columi	ns
(1)					%						
(2)					%						
(3)					%						
(4)					%						
Totale							re and on page 1, ne 7, column (A)	Ente Par	er here and t I, line 7, co	on page olumn (B	1,
Totals							_				

Form **990-T** (2019)

Schedule F - Interest, Ann	unies, Royanie		pt Controlled			110113 (36	o matruction	.3)		
1. Name of controlled organization	2. Employer identification numb	er 3 Ne	t unrelated incom	e 4 Total	of specified	cified included in the controlling of			6 Deductions directly connected with income in column 5	
(1)									 	
(2)						-				
(3)						 		\dashv		
Nonexempt Controlled Organia	zations						-			
	8 Net unrelated in	ncome	9 Total of sp	ecified		art of column			Deductions directly	
7. Taxable Income	(loss) (see instruc	tions)	payments n	nade		ded in the co zation's gros		coni	nected with income in column 10	
(1)					ļ <u>. </u>					
(2)					<u> </u>					
(3)				_	 -					
(4)	·				Add	columns 5 a	and 10	Δd	d columns 6 and 11	
Totals			 c)(7), (9), or	▶ (17) Orga	Part	here and on I, line 8, colu In (see ins	mn (A)		er here and on page 1, t I, line 8, column (B)	
1 Description of income	2 Amount of		3 Do	eductions y connected n schedule)		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)			ļ							
(3)										
(4)	Enter here and	on page 1				1 4	-,-	٠ ۱	Enter here and on page 1	
Totals	Part I, line 9, c	olumn (A)		·.		. ,			Part I, line 9, column (B)	
Schedule I – Exploited Execution of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	es from un or busin of lf a ga	ncome (loss) related trade ness (column s column 3) in, compute through 7	5 Gro from a	ss income ctivity that unrelated ass income	6 Expens attributabl column	le to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)				_	<u> </u>		<u> </u>			
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	nrtl,	٠.			. •		Enter here and on page 1, Part II, line 25	
Schedule J- Advertising In Part I Income From Per			noolidatad	Pasis		5				
ratti income i tom rei	louicais Report	teu on a ot							T	
1 Name of periodical	2 Gross advertising income	3 Direct advertising of	gain o costs 2 min a gai	dvertising or (loss) (col us col 3) If n, compute 5 through 7	1	rculation come	6 Readers		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	<u> </u>				1					
(2)									,	
(3)				•						
(4)					ļ					
Totals (carry to Part II, line (5))	,				<u></u>				Fam. 000 T (25)	
									Form 990-T (2019	

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

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-		_
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	4 6 1	34		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶	<u></u> _			1 10 1		
Schedule K - Compensatio	n of Officers, D	Directors, and Ti	rustees (see instr	ructions)		
				3 Percent of		

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2) ATCH 3		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	6,000.		

Form 990-T (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

06/30 , 20 20

► 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

Name of the organization

HOUSING AND COMMUNITY SERVICES, INC.

Employer identification number 74-2685268

Unrelated Business Activity Code (see instructions) ▶ 531390

Describe the unrelated trade or business ▶ FEES

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		+			
2	Cost of goods sold (Schedule A, line 7)	. 2					
3	Gross profit Subtract line 2 from line 1c	. 3					
4a	Capital gain net income (attach Schedule D)	. 4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	. 4b		<u> </u>			
С	Capital loss deduction for trusts	. 4c					
5	Income (loss) from a partnership or an S corporation (attack	h		7.3			
	statement)	. 5		*			
6	Rent income (Schedule C)	. 6					
7	Unrelated debt-financed income (Schedule E)						
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					
10	Exploited exempt activity income (Schedule I)	. 10					
11	Advertising income (Schedule J)	. 11					
12	Other income (See instructions, attach schedule) ATCH. 4	. 12	337,099.		337,099		
13	Total. Combine lines 3 through 12	. 13	337,099.	_	337,099		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	l	
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562),		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule !)	25	
26	Excess readership costs (Schedule J)	l	
27	Other deductions (attach schedule)	27	182,939.
28	Total deductions. Add lines 14 through 27	28	182,939.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	154,160.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	_
31	Unrelated business taxable income Subtract line 30 from line 29		154,160.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

ATTACHMENT 1

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

RENT STATE REQUIRED DISTRIBUTION OF NET BINGO PROCEEDS FOR CHARITABLE PURPOSES OTHER DEDUCTIONS 68,400.

26,000. 17,865.

PART II - LINE 27 - OTHER DEDUCTIONS

112,265.

715,733. 28,374.

FORM 990T - SCHEDULE A - LINE 4B - OTHER COSTS

PRIZES EVENT GAMES

TOTAL OTHER COSTS

744,107.

ATTACHMENT 3

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS

TITLE

BUSINESS

PERCENT

COMPENSATION

GILBERT M. PIETTE

34.000000 6,000.

3419 NACOGDOCHES ROAD

SAN ANTONIO, TX 78217-3377

TOTAL COMPENSATION 6,000.

ATTACHMENT 4

SCHEDULE M - OTHER INCOME

OVERSIGHT & ADMINISTRATIVE FEES - 810/910 N FRIO ST GP LLC AND WEST DURANGO GP LLC

337,099.

TOTAL

337,099.

	ATTACHMENT 5
FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS	
OVERSIGHT AND ADMINISTRATIVE EXPENSES	182,939.
DADT II - IINE 27 - OTHER DEDUCTIONS	182 939