| E-T-m | 990-T | l E | Exempt Ord | ıanizatio | n Bu | sine | ss Income T | ax Re | turn | ОМЕ | 3 No 1545-0047 |
|-------------|---|---------------|----------------------------------|-----------------------|-------------|--------------|------------------------------------|--------------|-----------------|--|---------------------------------------|
| | | | - | (and proxy | tax un | der se | ction 6033(e)) 19 and ending JU | 1 | 100 | | 2019 |
| | | Forca | | _ | | | ins and the latest inform | | 2020 | 4 | 20 13 |
| | tment of the Treasury at Revenue Service | l ▶ | | • | | | de public if your organiza | | 1(c)(3). | Open to 501(c)(3 | Public Inspection Organizations On |
| | Check box if address changed | | Name of organization | (Check b | ox if name | changed | and see instructions.) | | (E | mployer ide Employees' (astructions) | |
| . c. | xempt under section | Print | .Tewish Far | nily Ser | vice | of T | allas Inc. | | | 75-1 | 992728 |
| | 501(c)(3 03 | or | Number, street, and r | | | | | | | Inrelated bus | siness activity code |
| 产 | 408(e) 220(e) | Туре | 5402 Arapa | | | , o, q o o o | | | (3 | See instruction | ons j |
| | 408A 530(a) | | City or town, state or Dallas, T | province, countr | y, and ZIP | or foreigi | n postal code | | 5: | 31120 | |
| Bo | 529(a) ok value of all assets | 1 | F Group exemption r | | | — | | | | 71120 | |
| ate | end of year | 62. | G Check organization | | | orporation | 501(c) trust | | 401(a) tru | st | Other trust |
| l En | | | tion's unrelated trades | | | 1 | | the only (or | fırst) unrela | ted | |
| tra | de or business here | ▶ <u>Re</u> i | ntal of but | ilding | | | If only one, | complete Pa | arts I-V. If m | ore than o | one, |
| des | scribe the first in the b | lank spa | ce at the end of the pro | evious sentence, | complete | Parts I an | d II, complete a Schedule | M for each | additional tr | ade or | |
| | siness, then complete | | | | | | ····· | | | | |
| \ Du | iring the tax year, was | the corp | oration a subsidiary in | an affiliated gro | up or a par | rent-subsi | diary controlled group? | | ▶ ∟ | Yes L | X No |
| | | | tifying number of the p | | 1. ▶ | | - | | > 071 | 1 1 2 7 | 0050 |
| | | | Steven Brow | | | - | | one number | | 2-437 | |
| | | | e or Business | Income | | Υ | (A) Income | (B) E | xpenses | 4 | (C) Net |
| | Gross receipts or sale | | | - - | _ | | | | | | |
| | Less returns and allow | | A line 71 | c Balance | | 10 | | | | | |
| 2 | Cost of goods sold (S | | • | | | 2 | | | | | |
| } | Gross profit. Subtract | | | | | 3 | | | | | |
| | Capital gain net incon | • | | Form 4707) | | 4a 4b | | | | | |
| | - , | | art II, line 17) (attach f | -01111 4797) | | 40 4c | | | | | |
| _ | Capital loss deduction | | sts ship or an S corporatio | n (attach etateme | ant\ | 5 | | | | _ | |
| • | Rent income (Schedu | | sinp of an 3 corporatio | ii (attacii Stateiii) | ;iii.) | 6 | | | | | |
| 5 7 | Unrelated debt-finance | | ne (Schedule F) | | | 1 | 13,230. | | 2,885 | 5. | 10,345 |
| 3 | | | nd rents from a control | led organization | (Schedule I | F) 8 | | | | | • |
| 9 | | | on 501(c)(7), (9), or (1 | - | | / — | | | | | |
|) | Exploited exempt acti | | | , | / | 10 | | | | | |
| | Advertising income (S | | | | | 11 | | | | | |
| 2 | Other income (See in | | | , | | 12 | | | | | |
| 3 | Total. Combine lines | | | | | 13 | 13,230. | | 2,885 | 5. | 10,345 |
| Pa | | | | | | | ations on deductions) | | | | |
| | | | be directly connected | | lated bus | iness inc | come) | | Т. | . 1 | |
| • | | ricers, di | rectors, and trustees (| Schedule K) | | - | | | | 5 | |
| 5 | Salaries and wages | | | | - 1 | RI | CEIVED | ٦ | | 6 | |
| ; , | Repairs and mainten | lance | | / | I. | <u></u> | -OLIVED | 1 | | 7 | |
| 7 3 | Bad debts Interest (attach sche | dula) (e | ee instructions) | , | 13 | 4/1 | | 31 | | 8 | |
|) } | Taxes and licenses | iuuie) (S | ce manuchons) | | ċ | 1 10 | IN 21 2021 | 6 | | 9 | |
| ,) | Depreciation (attach | Form 4 | 562) | | - 1 | | 20 1 00 | 14, | | - | |
| , 1 | | | n Schedule A and elsev | vhere on return | L | -00 | DEN, 211 | 14, | 777. 2 | 1b | (|
| 2 | Depletion | | / | | | - | | , | | 2 | |
| - } | Contributions to defe | erred co | mpensation blans | | | | | | | 3 | |
| , | Employee benefit pro | | | | | | | | | 4 | |
| 5 | Excess exempt expe | | chedule ly | | | | | | 2 | 5 | |
| 3 | Excess readership c | | , | | | | | | 2 | 6 | |
| 7 | Other deductions (at | | | | | | | | 2 | 7 | • |
| | Total deductions A | | | | | | | | 2 | 8 | (|
| • | | | ncome before net oper | atıng loss deduct | ion. Subtr | act line 28 | from line 13 | | 2 | 9 | 10,345 |
| | | | | | | 1 20 | 10 | | | - 1 | |
| 9 | Deduction for net op | eratıng≠ | loss arising in tax year: | s beginning on oi | aner Jani | uary I, 20 | 10 | | | i | |
| 8 9 0 | Deduction for net op (see instructions) | erating/ | loss arising in tax years | s beginning on o | aner Jani | uary 1, 20 | 10 | | 3 | 0 | 10,345 |

| | t (2019) Jewish Family Service of Dallas Inc. | 75-1992728 Page 2 |
|------------|--|---|
| Part | | 10 245 |
| | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 10,345. |
| 33 | Amounts paid for disallowed fringes | 33 |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 0. |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 | 1 |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 10,345. |
| | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 38 1,000. |
| 11 | 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 | 9,345. |
| Part | IV Tax Computation | 1 062 |
| 40 | Organizations Taxable as Corporations Multiply line 39 by 21% (0.21) | 40 1,962. |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on 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 |
| 11 | Tax on Noncompliant Facility Income See instructions | 1 060 |
| 40 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 1,962. |
| | V Tax and Payments | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 4 |
| _ | Other credits (see instructions) | ┥. ┃ |
| • | General business credit. Attach Form 3800 | - |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | + |
| | Total credits. Add lines 46a through 46d | 46e |
| 47 | Subtract line 46e from line 45. | 47 1,962. |
| 48 | Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | 48 |
| | Total tax. Add lines 47 and 48 (see instructions) | 1,962. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 0. |
| | Payments: A 2018 overpayment credited to 2019 G Sta 112. | |
| - | 2019 estimated tax payments (66 516 1, 288. | ┥ ┃ |
| - | Tax deposited with Form 8868 | - |
| | Foreign organizations; Tax paid or withheld at source (see instructions) 51d | 4 |
| | Backup withholding (see instructions) 51e | 1 1 |
| | Credit for small employer health insurance premiums (attach Form 8941) | |
| 9 | Other credits, adjustments, and payments: Form 2439 | , |
| | Form 4136 Other Total 51g | 52 1,400. |
| | Total payments. Add lines 51a through 51g | |
| 53 | Listiffiated tax periatry (see instructions). Oneck in 10/111 2220 is attached | |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Statement 1 | |
| 55 50 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 |
| 56 Part | Enter the amount of line 55 you want: Credited to 2020 estimated tax VI Statements Regarding Certain Activities and Other Information (see instructions) | 56 |
| | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority | Yes No |
| 57 | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | TES NO |
| • | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | |
| | | , <u>x</u> |
| EO | here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | $\frac{\mathbf{x}}{\mathbf{x}}$ |
| 58 | | ├ |
| 50 | 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 have examined this return, including accompanying schedules and statements, and to the best of my knowledge. | dge and belief, it is true. |
| Sign | Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowled correct and complete. Declaration of perparer (other than taxpayer) is based on all information of which preparer has any knowledge. | |
| Here | | ay the IRS discuss this return with |
| | | e preparer shown below (see structions)? X Yes No |
| | | f PTIN |
| | The state of the s | 1 117 |
| Paid | Broth W Brighton Broth W Brighton 19/20/21 | P00845451 |
| Prep | Giel - Ctill Bunton IID | 82-3247531 |
| Use | Only 13465 Midway Road, Suite 475 | <u> </u> |
| | | 469) 701-1710 |
| 923711 | | Form 990-T (2019) |
| J23/11 (| , a., a., | . 5/111 555 • (2019) |

| Schedule A - Cost of Good | s Sold. Enter m | nethod of invent | ory 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 | * · | |
| 3 Cost of labor | 3 | | from line 5. Enter h | ere and ın | Part I, | | |
| 4a Additional section 263A costs | 1 | | line 2 | | L | 7 | |
| (attach schedule) | 4a | | 8 Do the rules of sect | • | • | Yes | No |
| b Other costs (attach schedule) | 4b | | | or acquired | I for resale) apply to | <u>`</u> | ↓ ↓ |
| 5 Total Add lines 1 through 4b | 5 | | the organization? | | 111111 D 1 D | | <u> </u> |
| Schedule C - Rent Income (see instructions) | (From Real Pi | roperty and | Personal Property | / Lease | a with Real Prope | rty) | |
| Description of property | | | | | - | | |
| (1) | | | | | | | |
| (2) | | _ | | | | | |
| (3) | | - | | | | | |
| (4) | | _ | | | | | |
| | 2 Rent received | or accrued | | | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | e than | ` of rent for pe | d personal property (if the percisonal property exceeds 50% o | entage r if | | onnected with the income in 2(b) (attach schedule) | 1 |
| (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) | <u> </u> | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | 0. |
| Schedule E - Unrelated Deb | ot-Financed I | ncome (see II | nstructions) | | | | |
| | | | 2 Gross income from | | 3. Deductions directly conne to debt-finance | | |
| 1. Description of debt-fit | nanced property | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other deduction (attach schedule) | |
| | | | | | Statement 6 | Statement | 7 |
| (1) Office Building | - 5402 Ar | apaho | 86,187 | 7. | 14,777. | 4,0 | <u>15.</u> |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average ad of or allo debt-financ | ocable to ed property | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | 8 Allocable deduct (column 6 x total of co 3(a) and 3(b)) | |
| Statement 8 | Statem | | 15.359 | , | 13,230. | 2 0 | 85. |
| (1) 346,250. | 4, | 256,311. | | 6 | 13,430. | 4,8 | 00. |
| (2) | | | | <u>^</u> | | | |
| (3) | | | | <u> </u> | | | |
| Statement 4 | State | ment 5 | | | inter here and on page 1 | Enter here and on acc | |
| Degrement 4 | Diace | ment J | | | inter here and on page 1, Part I, line 7, column (A) | Enter here and on pag Part I, line 7, column (| |
| Totals | | | | ▶L | 13,230. | 2,8 | 85. |
| Total dividends-received deductions | ncluded in column 8 | 3 | | | | | 0. |

0.

0.

Form 990-T (2019)

Totals (carry to Part II, line (5))

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) | | | | _ | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, Inne 11, col (B) | | | | Enter here and on page 1, Part II, line 26 |
| 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 | | > | 0. |

Form 990-T (2019)

| Form 990-T | Interest | and Penalt | cies | | | | Sta | tement 1 |
|--|----------------------|--------------|------|--------------|------------|--------------|------|----------|
| Tax from Form 990 Underpayment pe Late payment in Late payment pe | nalty terest | | | | | | | 56: 1 |
| Total Amount Due | | | | | | | | 59 |
| Form 990-T | Late | e Payment In | nter | est | | | Sta | tement 2 |
| Description | Date | Amount | Ba | lance | Rat | te | Days | Interest |
| Tax due Date filed | 12/15/20 06/15/21 | 562. | | 562. 570. | • 0 : | 300 | 182 | |
| Total late payment | interest | | | | | | | |
| Form 990-T | Late | Payment Per | nalt | <u></u> | · <u></u> | | Sta | tement 3 |
| Description | Date | Amount | | Balance | ! | Моз | nths | Penalty |
| Tax due Date filed | 12/15/20 06/15/21 | | 62. | | 62. 62. | | 6 | 1' |
| Total late payment | _ | | | | | | - | 1' |

| Form 990-T | Schedule E | - Unrelated | Debt-Financed | Income | Statement | 4 |
|------------|------------|--------------|---------------|--------|-----------|---|
| • | | erage Acquis | | | | |

| Description of Debt-Financed Property | Activity Number | Amount of Outstanding |
|--|--------------------|--|
| Office Building - 5402 Arapaho | 1 | Debt |
| Beginning first month Beginning second month Beginning third month Beginning fourth month Beginning fifth month Beginning sixth month Beginning seventh month Beginning eighth month Beginning ninth month Beginning tenth month Beginning tenth month Beginning twelfth month | | 355,000. 355,000. 355,000. 355,000. 355,000. 340,000. 340,000. 340,000. 340,000. 340,000. |
| Total of All Months Number of Months in Year | | 4,155,000. |
| Average Aquisition Debt | | 346,250. |

Totals to Form 990-T, Schedule E, Column 4

| Form 990-T | Schedule E - Unrelated Debt-Finar | ced Income | Statement 5 |
|------------|-----------------------------------|------------|-------------|
| | Average Adjusted Basis | | |

| Description of Debt-Financed Property | Activity Number | |
|--|--------------------|--------------------------|
| Office Building - 5402 Arapaho | 1 | Amount |
| Average adjusted basis of property first day of year Average adjusted basis of property last day of year | - | 2,248,842. 2,263,779. |
| Average adjusted basis of property for the year | _ | 2,256,311. |

Total to Form 990-T, Schedule E, Column 5

| Form 990-T | Schedule E - Deprecia | hedule E - Depreciation Deduction | | | |
|------------------|-------------------------|-----------------------------------|---------------|-------------|--|
| Description | | Activity Number | Amount | Total | |
| Depreciation | - Subtotal - | - 1 | 14,777. | 14,777 | |
| motal of Form 90 | O m Gabadula B Galumn | 2/2) | | 14,777 | |
| TOTAL OF FORM 93 | 0-T, Schedule E, Column | 3(a) | | | |
| Form 990-T | Schedule E - Other | | | Statement 7 | |
| | | | Amount | | |
| Form 990-T | Schedule E - Other | n Deductions Activity Number | Amount 4,015. | Statement 7 | |

| Form 990-T | Average Acquisition Allocable to Debt-Fin | | | Statement 8 |
|-----------------|--|--------------------|----------|-------------|
| Description | | Activity Number | Amount | Total |
| Average Acquisi | tion Debt - Subtotal | - 1 | 346,250. | 346,250. |
| Total of Form 9 | 90-T, Schedule E, Column | 4 | | 346,250. |

| Form 990-T | 990-T Average Adjusted Basis of or Allocable to Debt-Financed Property | | | Statement 9 |
|---|--|--------------------|------------|-------------|
| Description | | Activity Number | Amount | Total |
| Average Adjusted I | Basis - Subtotal - | 1 | 2,256,311. | 2,256,311. |
| Total of Form 990-T, Schedule E, Column 5 | | | | 2,256,311. |