



14241 Dallas Parkway, Suite 1100 | Dallas, TX 75254-2961 | 972.702.8262

Commit!2Dallas Instructions for Filing Form 990-T 990-T - Exempt Organization Business Income Tax Return For the year ended June 30, 2019

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

File the signed return by May 15, 2020 with:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

There is no tax due with the filing of this return.

The return shows a \$1,000 overpayment. Of this amount, \$1,000 will be refunded to you.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019.

Donortmon	nt of the Treasury		►Go to www.irs.go	ov/Form990'	Tfor in	etructions and	the lates	et information			U 10	
•	venue Service	▶ Do	not enter SSN numbers						(c)(3).	Open to Po	ublic Inspection for Organizations Only	
	Check box if address changed	, _,	Name of organization (ne changed and see			D Emp		cation number	
B Exempt	t under section		COMMIT!2DALL	AS								
X 501	1(C <u>)(</u> 3)	Print	Number, street, and roor	m or suite no. I	f a P.O.	box, see instruction	s.		80-0	790222		
408	3(e) 220(e)		Or Type E Unrelated business activity code (See instructions.)									
408	8A530(a)	.,,,,	3800 MAPLE AVENUE 800 (See instructions.)									
529	9(a)		City or town, state or pre									
C Book va	alue of all assets		DALLAS, TX 7									
	Ť		up exemption number	`								
9,	,268,711.	G Che	ck organization type	X 501	(c) cor	poration	501(c) trust	401(a) trust	Other trust	
		_	nization's unrelated trac							y (or first) ur		
	or business her						•	e, complete Parts		•	describe the	
	·		end of the previous so	entence, cor	nplete	Parts I and II, cor	nplete a	Schedule M for ea	ach additio	onal		
	or business, the										37	
			corporation a subsidia				ubsidiary	controlled group?	·	▶ ∟	Yes X No	
			identifying number of t	he parent cor	poratio	n. ▶	Talaaba		22 264	2010		
	ooks are in care					(A) Incom		one number > 83			(C) Not	
			or Business Incom	ie		(A) Incon	ne	(B) Expe	nses		(C) Net	
				c Balance ▶								
	•	•	ule A, line 7) 2 from line 1c		3							
			ttach Schedule D)		4a							
			Part II, line 17) (attach Fo		4a 4b							
	• , , ,		rusts		4c							
			an S corporation (attach state		5							
			an o corporation (attach state		6							
			come (Schedule E)		7							
			nts from a controlled organizat									
			1(c)(7), (9), or (17) organization									
			ncome (Schedule I)		10							
		-	ule J)		11							
			tions; attach schedule)		12							
13 To	otal. Combine lir	nes 3 thro	ough 12		13		0.					
Part II	Deduction	ns Not	Taken Elsewhere	(See instr	uctio	ns for limitation	ons on	deductions.) (Except	for contril	outions,	
	deduction	s must	be directly connect	cted with t	he un	related busin	ess inc	ome.)				
14 Co	ompensation of	officers,	directors, and trustees	(Schedule K)					14			
15 Sa	alaries and wage	s .							15			
16 Re	epairs and main	tenance							16			
										1		
			see instructions)									
			See instructions for limit			1	1		20			
			4562)									
			on Schedule A and els			_			22			
			componentian plans									
			compensation plans									
			Schedule I)									
			chedule J)									
			chedule)									
			s 14 through 28									
			le income before ne									
			g loss arising in tax ye									
			e income. Subtract line	_	-	• •	•	, <u>-</u>	32			

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Page 2 Form 990-T (2018)

	4 III	,	la Incomo					age =
Par		Total Unrelated Business Taxabl						
33		f unrelated business taxable income cor	•	•				
	instructi	ons)			33			
34	Amount	s paid for disallowed fringes			34			
35	Deducti	on for net operating loss arising in	tax years beginning befo	re January 1, 2018 (see				
		ons)			35			
36		unrelated business taxable income befo						
30		33 and 34	·		36			
					1		1 (000.
37		deduction (Generally \$1,000, but see line 37			37		Τ,	500.
38		ed business taxable income. Subtract line						_
		e smaller of zero or line 36			38			0.
Par	t IV	Tax Computation						
39	Organiz	ations Taxable as Corporations. Multiply line	38 by 21% (0.21)		39			
40	Trusts			outation. Income tax on				
	the amo	unt on line 38 from: Tax rate schedule of	or Schedule D (Form	1041)	40			
44		x. See instructions						
41								
42		ve minimum tax (trusts only).			42			
43		Noncompliant Facility Income. See instructions						
44		dd lines 41, 42, and 43 to line 39 or 40, which	never applies		44			
Par	t V	Tax and Payments						
45 a	Foreign	tax credit (corporations attach Form 1118; tru	sts attach Form 1116)	_ 45a				
b	Other ci	edits (see instructions)		45b				
		business credit. Attach Form 3800 (see instruc						
		or prior year minimum tax (attach Form 8801 o		· —				
		edits. Add lines 45a through 45d			45e			
								
46		line 45e from line 44			46			
47				866 Other (attach schedule)				
48	Total ta	k. Add lines 46 and 47 (see instructions)			48			0.
49	2018 ne	t 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column (k), lir	ne 2	49			
50 a	Paymen	ts: A 2017 overpayment credited to 2018		_ 50a				
		timated tax payments						
		osited with Form 8868			.			
		organizations: Tax paid or withheld at source (
	U	withholding (see instructions)	,					
					-			
		or small employer health insurance premiums (. 301	-			
g		edits, adjustments, and payments: Form 2						
	F	orm 4136 Other _	Total ▶	▶ 50g				
51	Total pa	yments. Add lines 50a through 50g		<u></u>	51		⊥,(000.
52	Estimate	ed tax penalty (see instructions). Check if Form	n 2220 is attached		52			
53	Tax due	. If line 51 is less than the total of lines 48, 49	9, and 52, enter amount owed		53			
54	Overpay	ment. If line 51 is larger than the total of line	s 48, 49, and 52, enter amount	t overpaid	54		1,0	000.
55	Enter the	amount of line 54 you want: Credited to 2019 est	imated tax	Refunded •	55		1,0	000.
		Statements Regarding Certain A						
56		time during the 2018 calendar year, did		`		authority	Yes	No
00	•	financial account (bank, securities, or other		•		-		
		•			•			
		Form 114, Report of Foreign Bank and	Financial Accounts. II Ye	es, enter the name of the	roreigi	Country		3.7
	here >							X
57	During t	he tax year, did the organization receive a dis	tribution from, or was it the gr	rantor of, or transferor to, a for	eign trus	t?		X
	If "Yes,"	see instructions for other forms the organization	on may have to file.					
58	Enter th	e amount of tax-exempt interest received or a	ccrued during the tax year 🕨 \$	<u>; </u>				
		der penalties of perjury, I declare that I have examined			best of m	ny knowledge	and beli	ef, it is
Sigi	1 tru	e, correct, and complete. Declaration of preparer (other than t	axpayer) is based on all information of w			100 "		
Her						IRS discuss preparer sh		
		gnature of officer	Date Title			ions)? X Ye		No
		Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid	l			Che		1 5007	1262	1
	arer	JEANETTE VERRELLI			employed	-		
	Only	Firm's name BKD, LLP				44-016		
	- · · · · ·	Firm's address ▶ 14241 DALLAS PARK	WAY, SUITE 1100, D	ALLAS, TX 75254 _{Pho}	ne no. 9'	72-702-8	3262	

Form **990-T** (2018)

COMMIT! 2DALLAS 80-0790222

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► Inventory at beginning of year . 1 Inventory at beginning of year . 2 Purchases	Form 990-T (2018)									Page 3
2 Purchases	Schedule A - Cost of Go	ods Sold. En	ter method	d of inventor	•					
2 Purchases	1 Inventory at beginning of ye	ar 1			6 Inventory	at end of yea	ır	6		
4a Additional section 263A costs (attach schedule)	2 Purchases	2								
Again Agai	3 Cost of labor	3			6 from	line 5. En	ter here and in			
Again Agai	4a Additional section 263A cos		Part I, line 2							
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (if the percentage of rent for personal property (if the rent is based on profit or income) 1. Description of debt-financed property 1. Des	(attach schedule)	4a						ith res	pect to	Yes No
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(3) (4) 4. Amount of average adjusted basis of or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) (2) (3) (4) (4) Enter here and on page 1,	<u>(1)</u>									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 7. Gross income reportable (column 6 x total of columns 3(a) and 3(b)) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 8. Enter here and on page 1, Enter here and on page 1, Enter here and on page 1,	(2)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 9. (2) (3) (4) (4) Enter here and on page 1,	(3)									
acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) (4) (5) (6) (6) (6) (6) (6) (6) (6	(4)									
(2)	acquisition debt on or allocable to debt-financed	of or alloca debt-financed	ble to property	4 d	ivided			(colum	n 6 x total of	columns
(3) % (4) % Enter here and on page 1, Enter here and on page 1,	(1)				%					
(4) % Enter here and on page 1, Enter here and on page 1,	(2)				%					
Enter here and on page 1, Enter here and on page 1,	(3)				%					
Enter here and on page 1, Enter here and on page 1,	(4)				%					
Totals Total dividends-received deductions included in column 8								Enter Part I	here and on , line 7, colui	page 1, mn (B).

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Schedule F-Interest, Annu	uities, Royalties	, and R	ents Fro	m Contro	lled Or	ganizat	ions (see	instruction	ons)		
				ntrolled Or			(/		
Name of controlled organization	2. Employer identification numb	inei		ated income	4. Total of specific payments made		5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made			d 10. Part of column sincluded in the con organization's gross		ntrolling conne		 Deductions directly nnected with income in column 10 	
(1)											
(2)											
(3)											
(4)											
Totals					<u>►</u>	Enter Part	here and on I, line 8, colu	page 1, mn (A).	Ent	dd columns 6 and 11. ter here and on page 1, rt I, line 8, column (B).	
1. Description of income	2. Amount of				Deductions :ly connected ch schedule)		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)											
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	olumn (A).		an Advert	isina Ir	ocome (saa instru	uctions)		Enter here and on page 1, Part I, line 9, column (B).	
Ochedule i Exploited Exe	Inpl Activity in	come, v	Other III				366 113110				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business incom		Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	page 1	ere and on 1, Part I, I, col. (B).					'		Enter here and on page 1, Part II, line 26.	
Totals ► Schedule J – Advertising Ir	ncome (see instr	uctions)									
Part I Income From Per	· · · · · · · · · · · · · · · · · · ·		Consol	idated Ras	eie .						
income i fom i er	louicais report	ca on a	1 0011301	luateu Da.	313						
1. Name of periodical	2. Gross advertising income		Direct sing costs	2 minus sol 2			Circulation 6. Read cos			7. Excess readership costs (column 6 minus column 5, bu not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))										Form 990-T (2018)	

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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.						
	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.
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	ustees (see instr	uctions)		
1. Name	2. Title		3. Percent of time devoted to business	4. Compensation attributable to unrelated business		
(1)				%		

%

%

%

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(2)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

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ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.