4	i							2020	77.	1005	O E	0
	1		romnt Organia	ration	D	inaaa In	m.	29393		+009	25	9
Earm	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						OMB No 1545-0687				
, FUIIII	- 000 .								1 8	മ	@40	
		For cale	ndar year 2018 or other ta						20 1 0	2	U I B	
	tment of the Treasury at Revenue Service	▶ Do	► Go to www irs go						C)(3)	Open to Pu	ublic Inspections	n for
Ā	Check box if		Do not enter SSN numbers on this form as it may be made public if your organization is a 50 Name of organization (Check box if name changed and see instructions)						D Empl	oyer identific	ation num	ber
_	address changed			_					(Emplo	oyees' trust, see	nstructions)
BExe	empt under section		JEWISH COMMUN	NITY FO	UNDA	ATION OF E	L PASO					
X	501(C <u>) (28</u>)	Print	Number, street, and room	or suite no I	faPO	box, see instruction	ons		03-0438796			
	408(e) 220(e)	Type							E Unrelated business activity c (See instructions)			code
	408A 530(a)	.,,,,,	7110 N. MESA					<u></u>	(See ii	istructions)		
	529(a)		City or town, state or pro-		y, and Z	IP or foreign posta	I code					
	ok value of all assets and of year	_	EL PASO, TX	79912					5230	00		
	-		up exemption number (S								 -	
			eck organization type 🕨		···/		501(c)		401(a)		Othe	r trus
			inization's unrelated trade						•	(or first) ur		
			VESTMENT IN S (complete Parts			describe tl	he
			e end of the previous se	ntence, cor	nplete	Parts I and II, co	omplete a S	chedule M for ea	ch additio	nal		
	ade or business, th						- 1 1				Yes X	
			corporation a subsidiary		_		subsidiary d	controlled group?		▶∟	resr	, 14
	he books are in care		identifying number of th	e parent cor	rporau	on P	Telenhon	e number ▶ 91	5-584	-4437		
			or Business Income			(A) Inco		(B) Exper			(C) Net	
1a	Gross receipts or	_				(1,)		(=, =,=		†	(-,	
b	Less returns and allowa			c Balance 🕨	1c							
2			ule A, line 7)		2							
3	=		2 from line 1c		3							
4a			attach Schedule D)		4a							
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach For	m 4797)	4b							
С	Capital loss dedu	ction for t	trusts		4c							
5	Income (loss) from a p	artnership o	r an S corporation (attach statem	ient)	5	6	6,552.	ATCH 1			66,	552
69	Rent income (Sch	edule C)			6							
ોસો _જ ્	Unrelated debt-fi	nanced in	come (Schedule E)		7							
8	Interest, annuities, roya	afties, and re	ents from a controlled organizatio	n (Schedule F)	8							
<u>ر</u> ق ر			1(c)(7), (9), or (17) organization	-	9							
1 <u>0</u> 1 4 ′(ncome (Schedule I)		10		- 	<u> </u>				
14:(dule J)							-		
12,			ctions, attach schedule).			6	6,552.				66,	557
93	1 otal. Combine li	nes 3 thr	ough 12	Coo mote	13			odustions) (Evacati	for contrib		332
Par N	deduction		be directly connec						Excepti	OF CONTINE	Julions,	
<u> </u>	Componention of		directors, and trustees (\$			11/1-1	1		14	1		
U 5	Salaries and want	omcers,	directors, and trustees (c	cireadel	, C) -	0	3		15			
16	Renairs and main	tenance		انعا	 W 1	a 2019 15	51		16	 		
17	Bad debts			P. JAI	3 ¥ I	.0. 2312 [0	١		17		_	
18			(see instructions)	الساما		- 1.1T	~\````		18			
19) O	GD		٠. ٠		. 19	T		
20			See instructions for limita									
21			4562)			, ,		· ·				
22			on Schedule A and else						22b	,		
23	•					_						
24			compensation plans									
25			s									
26			Schedule I)									

32 Unrelated business taxable income Subtract line 31 from line 30.
For Paperwork Reduction Act Notice, see instructions.
8X2740 1 000 JSA

Other deductions (attach schedule)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . .

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66,552. Form **990-T** (2018) PAGE 47

66,552.

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$\overline{}$	990-T (2018)			F	Page 2
'Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33		66,	552.
34	Amounts paid for disallowed fringes	34			
35	Deduction 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		66,	552.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,0	000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	38		65,	552.
Pai	t IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		13,	766.
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on				
	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				
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		13.	766.
	t V Tax and Payments	1 44 1			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)				
	Other credits (see instructions)	1			
	, ·	1 1			
	General business credit Attach Form 3800 (see instructions)	1 1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	AEO			
	•	45e		13 '	766.
46	Subtract line 45e from line 44	47		10,	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).	-		13	766.
48	Total tax. Add lines 46 and 47 (see instructions)	48		1,	, 00.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
	Payments A 2017 overpayment credited to 2018	}			
	2010 Collimated tax payments	{			
	Tax deposited with Form 8868	1 1			
	Foreign organizations Tax paid or withheld at source (see instructions)	1 1			
	Backup withholding (see instructions)	1 1			
	Credit for small employer health insurance premiums (attach Form 8941) 50f	! !			
g	Other credits, adjustments, and payments Form 2439	1 1			
	Form 4136 Other Total ▶ 50g	1		10.	700
51	Total payments. Add lines 50a through 50g	51		13,	766.
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	53			
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 Refunded	55			
Pai	Statements Regarding Certain Activities and Other Information (see instruction	s)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country	İ	
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	2		X
	If "Yes," see instructions for other forms the organization may have to file				
58	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 b	est of my	/ knowledge a	ind beli	ef, it is
Sig	true, florrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	u the li	RS discuss	this r	eture
Her	e P Word Town 09/30/2019 GEWTIE DIRECTION WIT	h the p	preparer sho	own b	
			ns)? X Yes		No
	Print/Type preparer's name Preparer's signature Date Check		PTIN		
Paid	RENE D PENA CPA K. Keine 9/25/19 self-e	mployed	P0053	3312	1:1
•	parer Fum's name ▶ PENA BRIONES MCDANIEL		74-2642	2884	
Use	Only Firm's address > 4171 N. MESA, SUITE B-100, EL PASO, TX 79902-1498 Phone		5-542-1		
	The state of the s		Form 99		
JSA					•

G.

Description of debt-financed property			2 Gross income from or	Deductions directly connected with or allocable to debt-financed property				
	1. Description of de	eot-ilnanced property	allocable to debt-financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)								
(2)								
(3)								
(4)								
acquis allocable	ount of average sition debt on or e to debt-financed (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))			
(1)			%					
(2)			%					
(3)			%					
(4)			%					
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals								
Total divide	nds-received deduc	tions included in column 8	<u> </u>	<u></u>				

Form 990-T (2018)	JEWISH C	COMMUNIT	Y FO	UNDATION	OF E	EL PAS	30	0	3-0	438796	Page 4	
Schedule F-Interest, Annu	uities, Royalties	, and Ren	ts Fro	om Contro	lled Or	ganizat	ti ons (see	e instructio	ns)			
•	•	Exen	npt Co	ntrolled Or	ganızatı	ons	-		-			
Name of controlled organization			3 Net unrelated income 4 Total		4 Total	of specified included		of column 4 that is if in the controlling tion's gross income		6 Deductions directly connected with income in column 5		
(1)												
(2)				•								
(3)						_						
(4)												
Nonexempt Controlled Organi	zations			_								
7. Taxable Income	7. Taxable Income 8 Net unrelated income (loss) (see instructions)		Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with income in column 10			
(1)												
(2)												
(3)												
(4)												
	1					Enter	columns 5 a here and on I, line 8, colu	page 1,	Ent	dd columns 6 ai ter here and on j irt I, line 8, colur	page 1,	
Totals					<u></u> ▶							
Schedule G-Investment In	ncome of a Sec	tion 501(c)(7),			nizatio	1 (see ins	tructions)				
1 Description of income	2 Amount of	ıncome		3 Deduction of the 3 directly core of the 3 d	nnected	4 Set-asic (attach sche					5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)												
(2)												
(3)												
(4)										· <u></u>		
	Enter here and o Part I, line 9, co								Enter here and on page 1, Part I, line 9, column (B)			
Totals ▶												
Schedule I - Exploited Exe	empt Activity In	come, Oth	er Th	an Advert	ising In	come (see instru	ictions)				
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelated business in	y with n of ed	4 Net incor from unrelat or business 2 minus col If a gain, c cols 5 thro	ted trade (column lumn 3) ompute	5. Gross income from activity that is not unrelated business income 6. Expense attributable column 5		ble to	7 Excess expen (column 6 column 5 more colum	ises 6 minus , but not than		
(1)				 								
(2)								 				
(3)												
(4)				1								
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,						Enter he on pag Part II, li	je 1,		
Totals ▶ Schedule J- Advertising Ir	Come (see instri	uctions\		l								
Part I Income From Per			oncol	idatad Bar	nio.							
Panel Income From Fer		eu on a C	onsoi	luateu bas	515							
1 Name of periodical	2 Gross advertising income	3 Directions		4 Advertigan or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	5 Circulation 6 Readership costs		-	7 Excess no costs (cominus column column	lumn 6 mn 5, but e than		
(1)								<u> </u>				
(2)				1						7		
(3)				1					-	7		
(4)				1						7		
· · · · · · · · · · · · · · · · · · ·						-						
Totals (carry to Part II, line (5))										Form 990.	T (2010)	

Form 990-T (2018) Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 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 - 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	_	.	

Form **990-T** (2018)

03-0438796

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

S CORP - WESTERN COMMERCE BANCSHARES

66,552.

INCOME (LOSS) FROM PARTNERSHIPS

66,552.