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		form 990-T	Ex	empt Organization B	Busii	ness Income	e Ta		\	OMB No 1545-0047	
	F	Form 330-1	For calendar vo	(and proxy tax uper 2019 or other tax year beginning _					وا(2020	2019	
				o to www.irs.gov/Form990T fo							
	Depa	rtment of the Treasury nal Revenue Service	Open to Public Inspection for 501(c)(3) Organizations Only								
		Check box if	3). D E	mployer identification number							
8		→ address change	- (E	Employees' trust, see							
	3 [xempt under section	Print or	Interfaith Ministr 3303 Main Street	dieater nous	3 0011			74-1488102		
L		X 501(c 103) 408(e) 220	Tuno								
6		408A 530	`-'					• •		See instructions)	
MAR		529(a)									
\geq	C	Book value of all assets	F Group	exemption number (See instruct	ions.)	-			<u> </u>		
POSTIMARK DATE	, a	it end of year 582,215	G Chec	k organization type	501(c) corporation	501	(c) trust	401(a)	trust Other trust	
2	H	Enter the number of the organization's unrelated trades or businesses. ►1 Describe the only (or first)									
3€		only o	ne, complete Parts I–V								
3				t in the blank space at the end	of the	previous sentenc	e, cor	mplete Parts 1	and II, o	complete a Schedule M	
15				ess, then complete Parts III-V						N COV WIN-A	
20	•	-		pration a subsidiary in an affilia			absidia	ary controlled g	roup /	► Yes XNo	
				fying number of the parent cor	porati	on P	т.				
		The books are in cari	1141 0	in B. Cominsky		(4)	16			13-533-4901	
	$\overline{}$			Business Income '	1	(A) Income		(B) Expen	ses	(C) Net	
		a Gross receipts or			}			•			
		b Less returns and allow		c Balance▶	1 c						
	2	-			2						
	3	.			3						
		a Capital gain net ii		•	4a				 		
		b Net gain (loss) (Form	-	/) (attach Form 4/9/)	4b						
.	5	 Capital loss deduited income (loss) from 		r an S cornoration	4c			Braf th	. /3	 	
3	,	(attach statement		an o corporation	5		ļ	The state of the s		<u>,</u>	
7	6	Rent income (Sch		6							
7	7	Unrelated debt-fin	nanced income	(Schedule E)	7						
	8	Interest, annuities, roy	alties, and rents fr	om a controlled organization (Schedule F)	8						
AUG	9	Investment income of	a section 501(c)(7)	, (9), or (17) organization (Schedule G)	9						
Ţ	10	Exploited exempt	activity incom	e (Schedule I)	10						
ڪ	11	Advertising incom	ie (Schedule J)	l	11						
	12	Other income (Se	e instructions.	attach schedule)	:				, ·		
₹					12			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· u ?	2	
₹ .		Total. Combine li			. 13		0.		0.	0.	
کر ا	Pa	rt II. Deductio	ns Not Take	en Eisewhere (See instra	ction	s for limitations	s on	deductions.)) (Ded	uctions must be	
		- <u>-</u>		th the unrelated business	s inco	ome.)			144		
	14	,		ors, and trustees (Schedule K)					15	-	
	15	Salaries and wage							16	-	
	16	Repairs and maintenance Bad debts								 	
	17										
	18	Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 21a									
	19										
	20									=	
	21									<u> </u>	
	22	,	lafarrad as =====	neation plans					22		
	23			บรอบบบ คเสกร					23	 	
	24	Employee benefit		dula IV					25		
	25 26								25		
	26 27	·		•					27		
	28	Fotal deductions		•					28	 	
	29			me before net operating loss ವ	ಪರಚಿವರಣ	on Subtract line 2	8 frci	n line 13	29		
	30			n tax yeers beginning or or after Januar			-		30		
	31			me. Subtract line 30 from line					31	0.	
	BAA	A For Paperwork R	eduction Act N	lotice, see instructions.						Form 990-T (2019)	

FORM	m 990-7 (2019) Interfaith Ministries Greater Houston	/ 4	-148	8102 Page	2 4
Par	Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (si	ee	T		_
	instructions)		32	(0.
33	Amounts paid for disallowed fringes.		33		_
	Charitable contributions (see instructions for limitation rules)		34		
	·	lina 24 fram	34		_
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract the sum of lines 32 and 33.	line 34 from	35	1	ο.
36			36		.
		25	37		o .
37	· · · · · · · · · · · · · · · · · · ·	33			<u> </u>
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 3.	27	38		_
33	enter the smaller of zero or line 37	37,	39	(ο.
105	rt[IV] Tax Computation		00	`	- -
40		-	40		
41		_	40		<u>).</u>
٠.			41		
40			-		_
	Proxy tax. See instructions		42		
	Afternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions		43		
	· · · · · · · · · · · · · · · · · · ·				_
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	(<u>).</u>
	Tax and Payments				
46 a	a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).				
	b Other credits (see instructions) 46 b				
	c General business credit Attach Form 3800 (see instructions) 46 c				
	d Credit for prior year minimum tax (attach Form 8801 or 8827).				
	e Total credits. Add lines 46a through 46d		46 e		<u>).</u>
	Subtract line 46e from line 45		47	(<u>).</u>
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866				
••	Other (attach schedule)		48		_
49	,		49	(٥.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Fart II, column (k), line 3		50		
51 a	a Payments A 2018 overpayment credited to 2019 51 a				
	b 2019 estimated tax payments.	1,900.			
	c Tax deposited with Form 8868				
	d Foreign organizations Tax paid or withheld at source (see instructions)				
	e Backup withholding (see instructions) 51 e				
	f Credit for-small employer health insurance premiums (attach Form 8941)				
g	g Other credits, adjustments, and payments Form 2439				
	Form 4136 Otner Total ► 5 q				
52	Total payments. Add lines 51a through 51g		52	1,900	<u>).</u>
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	► []	53		
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 everpaid	>	55	1,900	j_
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax	Refunded ►	56	1,000	
Pär	rtiVI Statements Regarding Certain Activities and Other Information (see instri	uctions)			
57			/er a	Yes N	0
٠,	financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have				Ě
	Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here	•			,
			- 4		Χ_
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or t	ransteror to,	a toreio	jri trust/	X
	If 'Yes,' see instructions for other forms the organization may have to file				
_59		0	, m		
c:	Under penalties of perjury 1 declare that I have examined this return, including accompanying schedules and statements belief it is rue, correct, and complete. Declaration of preparer (other than Jarpayer, is based on all information of which	, and to the best (preparer has any	r my kno r knowled	ge ge	
Sigi	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		May the	IRS discuss this return with arer shown below (see	th
Her	Sig/sture of officer Date Title		instruc'id	ons), [۷o
	, , , , , , , , , , , , , , , , , , ,		1-1		
Paid	Print/Type preparer's name Preparer's signature Take Maril	Check If	PT		
Pre	Barbara Murphy 03-24-20	sel'-employed		01386215	
pare	rer Firm's name Blazek & Vetterling	Firm's EIN	76-0	1269860	
Use	a de la company	_			
Onl	Houston, TX 77027-5132	Phone no	(71	13) 439-5739	
BAA				Form 990-T (2019	9)

Form 990-T (2019) Interfai	ith Minis	tries Great	er Houston			74	4-148	8102	Page 3
Schedule A - Cost of Goo	ds Sold. Ent	ter method of inve	entory valuation	>		· · · · · · · · · · · · · · · · · · ·	_		
1 Inventory at beginning of ye	ar	1	6	Invento	ry at e	end of year	6		
2 Purchases		2	7		good	s sold. Subtract			
3 Cost of labor	3				ne 5 Enter here				
4 a Additional section 263A costs (attac	h schedule)			and in f	Part I,	line 2	7		1 1
`	·	4 a		<u>.</u>				Yes No	
b Other costs	4 b	8				es of section 263A (with respect oduced or acquired for resale) :			
(attach sch) 5 Total. Add lines 1 through 4	b	5 to the organization?					01 10341	c) apply	
Schedule C - Rent Income	(From Rea	Property and	d Personal Pr	operty	Leas	ed With Real F	roper	tv) (see ii	nstructions)
1 Description of property			· · · · · · · · · · · · · · · · · · ·				•	· · · · · · · · · · · · · · · · · · ·	
(1)									
(2)									
(3)				-					
(4)	· · · · · · · · · · · · · · · · · · ·								
(+)	2 Rent receiv	ed or accrued				l			
(a) From personal prop		1	eal and nersonal	property	,	3(a) Deductions directly			
(If the percentage of rent for property is more than 10% more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				the income in columns 2(a) (attach schedule)			nd 2(b)	
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of cohere and on page 1, Part I, line 6		d 2(b) Enter				(b) Total deductions. here and on page 1, Pa I, line 6, column (B)	Enter art		
Schedule E - Unrelated De	ebt-Finance	d Income (see	instructions)						
1 Description of debt	-financed pro-	ertv.	2 Gross income or allocable to		3 De	eductions directly o debt-fina	onnecte anced pi	ed with or a roperty	allocable to
1 Description of desc	city	financed property		(a) Straight line depreciation (attach sch			o) Other de (attach so		
(1)				_					
(2)				•		· -			
(3)	-			<u> </u>					
(4)	_								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	djusted basis of to debt-financed ttach schedule)	6 Column divided b column 5	у		7 Gross Income ortable (column 2 > column 6)	< ~ (e	column 6	deductions x total of) and 3(b))	
(1)				%					
(2)				8					
				_	. –		1		

Total dividends-received deductions included in column 8 BAA

(3)

(4)

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Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A)

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Page 4

Scriedt	ıle F – Interest, Ar	multi	es, royalli				ganizations	orga	INZAUUIIS (zee in:	SUUCUOUS)	
		ıde	Employer ntification number			(loss)	4 Total of spe- payments m	cified ade	fied de that is included that the conorganizer gross in		in co	eductions directly onnected with ome in column 5	
(1)													
(2)			"										
(3)													
(4)							,						
Nonexem	npt Controlled Organiza	itions			-								
7	Taxable Income	ind	et unrelated come (loss) instructions)			f specified nts made	ıncluded	in the d	n 9 that is controlling oss income		connected	tions directly I with income Iumn 10	
(1)						a		J	•			-	
(2)	•					1						-	
(3)			-						•				
(4)										1			
	-						here and on	Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)			Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)		
Totals.			-					١					
Schedu	ıle G – Investmen	t Inco	me of a Se	ction	501(nizat			,		
. 1	Description of income		2 Amount of Inco			direc	Deductions tly connected ich schedule)	y connected (a		s ile) 	set-as	deductions and sides (column 3 is column 4)	
(1)													
(2)												<u> </u>	
(3)								<u> </u>					
(4)	٠,٠							वस्था कारेल व्यापन	er, or otherwise charge	outour set at			
Totals		~	Enter here an Part I, line 9,									re and on page 1, ne 9, column (B).	
Schedu	le I:- Exploited Ex	kemp	t Activity In	come	. Otl	her That	n Advertising	Incor	ne (see inst	ruction	s)		
	scription of exploited ac	•	2 Gross unrelate busines income fro trade of busines	d s om	Exper conne pro- of u	ises directly ected with duction inrelated	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	5 Gros activ unrel	s income from ity that is not ated business income	6 Exp	penses stable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)*	
(1)												 	
(2)								†					
(3)								1				<u> </u>	
(4)			T				 	1				·	
Totals	-		Enter here on page Part I, line column (1,	on p Part	here and page 1, 1 l, line 10, mn (B).						Enter here and on page 1, Part II, line 25	
	ıle J – Advertising	Inco	me (see insti	ructions			Property of the Republic	er markatik	TO PERSONAL PROPERTY OF	encuere Table	arcentelescential l	<u> </u>	
Part	Income From Per					nsolidat	ted Basis				- ···		
MANGELLA	mediae From Per	iouic	2 Gross				4 Advertising gain of	, E ^	reulation 1	6 D	dership	7 Excess readership	
	1 Name of periodical		advertising income		3 Direct advertising costs		(loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	30	5 Circulation income		osts	costs (col 6 minus col 5, but not more than col 4).	
(1)			 `					\$	·				
(2)			-					3					
(3)			+					<u>*</u>	- +	•	_ 		
(4)			+	-			14年4年8月1日日本	8	- '	•		LA TRANSPORTED TO	
Totals (ca	arry to Part II, line (5))		>							*			
BAA			,		TE	EA0204 L 0	9/19/19*)			parameter de la constitución de la constitució	F	orm 990-T (2019)	

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Tomi 330-1 (2013) Incertatin					/4-1400102	i age 3
Income From Periodi 7 on a line-by-line basis)	cals Reported o	n a Separate S	Basis (For each p	periodical listed in	Part II, fill in col	umns 2 through
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 (col 6 minus col. 5, but not more than col 4)
(1)						-
(2)						
(3)		, ·				
(4)		,	4.344,633,653,653	W.71.2 PART W.72 W.		
Totals from Part I	>					
Totals, Part II (lines 1– 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26.
Schedule K - Compensation	of Officers, Dire	ctors, and Tru	Jstees (see instr	uctions)		
1 Name	3	,	2 Title	3 Percent of time devoted to business	d 📗 to únrela	ition attributable ted business
		***************************************			8	
•				5	8	
				9	00	
					00	
Total Enter have and an nega 1. Day	4 II Juna 1.4			. — — — —	I	

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