Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	he 2020 calendar	year, or tax year begir	nning		, 2020, a	and endin	ng		, 20		
В	Check	if applicable:	C Name of organizationJU	STICES OF THE P	EACE & CONS	STABLES			D Emp	oloyer identification number		
	Addres	ss change	Doing business as DA	LLAS COUNTY FLA	G FUND INC					14-1967247		
	Name o	change	Number and street (or P	.O. box if mail is not delivered to	street address)		Room/suite	е	E Tele	phone number		
\Box	Initial re	eturn	PO BOX 496584							(214)862-1185		
Ī	Final re	eturn/terminated	City or town, state or pro	ovince, country, and ZIP or foreig	an postal code		•		G Gro	ss receipts		
П		ded return	GARLAND, TX 75		, ,				\$	143,832		
Ħ		ation pending		incipal officer: JIM BOOKI	HOITT			H(a) Is this a group return for subordinates? Yes X No				
	, фр.,ос	anon ponumg	·	NE GARLAND TX 75						ates included? Yes No		
_	Tay-ay	empt status: X 50	_			527		` '		list. See instructions		
	Websit		EXASPEACEOFFIC		747 (a)(1) 01	321		H(c) Group e				
				sociation Other		L Year of formati		· , , , , ,		egal domicile: TX		
	art I	Summary	iporation riust Ass	Sociation Other P		L Teal Of Ioffilati	1011. 200	J W 3	iale of le	gai domicile. 1X		
	1		the organization's miss	sion or most significant a	ctivities. BBO	מדוש פייאיי	ים רם יו	ידעאכ דו	LAGG	AND CERTIFICATES		
	'	•	•	-	-					AMILIES OF DECEASE		
ė		PERSONS WH	ie fr	MIDIES OF DECEASE								
Governance		PERSONS WH										
err	2	Check this box	c not accet									
39	3		_	erning body (Part VI, line	•				1			
	4		-	rs of the governing body						3		
ies	_			n calendar year 2020 (Pa					_	3		
Activities &	5									14		
Act	6		f volunteers (estimate if	Part VIII, column (C), lin					7a	0.707		
				. , , , , ,					7b	9,787		
		b Net unrelated b	dusiness taxable income	e from Form 990-T, Part	i, iiiie i i		· · · · ·		7.0	0		
		Contributions or	ad aranta (Dart VIII. lina	1h)				Prior Year	F04	Current Year		
4	8		nd grants (Part VIII, line		524							
nge	9	· ·	•	e 2g)					400	0		
Revenue	10			A), lines 3, 4, and 7d) .					,428			
ď				nes 5, 6d, 8c, 9c, 10c, an					,412			
	12			(must equal Part VIII, col				54	,364			
	13		• •	IX, column (A), lines 1-3					300			
	14		or for members (Part I				0					
Ś	15	•		e benefits (Part IX, colun	` '	•				0		
Expenses	16		• •	column (A), line 11e) .						0		
be-	_ ا		g expenses (Part IX, co									
Ú			(Part IX, column (A), li	,					, 755			
	18	•	•	t equal Part IX, column (/	, ,				<u>,055</u>			
		Revenue less e	xpenses. Subtract line	18 from line 12					,309			
ō	S							ning of Curre		End of Year		
t Assets or	[20	`	, ,						,909	286,435		
et As		,	,						,374			
Ď	∄ 22			line 21 from line 20		• • • • • •	•	276	<u>,535</u>	274,290		
	art II			urn, including accompanying sch	and statement	a and to the heat	of my know	ladge and hali	of it io			
				ficer) is based on all information			. Of fifty Know	ledge and bein	CI, IL IS			
Sig	ın	JIM BO Signature of								ate		
									D	aic		
He	re		OKHOUT, CHAIRMA	<u>N</u>								
			t name and title	Brongraria aigneture		Date				DTIN		
ь-	: al	Print/Type prepare		Preparer's signature					X if	PTIN		
Pa		SHERRY M		SHERRY M KUPTZ	E A	11-12-20		self-emp	oloyed	P00285751		
	pare							rm's EIN				
US	e On	Ily Firm's address ▶		MERCIAL ST			Ph	none no.	_			
				TX 75040					972-	-272-3441		
May	/the li	RS discuss this ret	um with the preparer sh	nown above? (see instru	ctions)					X Yes No		

Part IV

14-1967247

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 2 х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a х **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 X Х 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х 20a Х 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

		14-19672	47	P	age
Pa	rt IV Checklist of Required Schedules (continued)			.,	l
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	[Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	• • • • •			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	• • • • • •	23		Х
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
			240		
L	through 24d and complete Schedule K. If "No," go to line 25a	t t	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• • • • • •	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		04-		
	to defease any tax-exempt bonds?	t t	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	• • • • • •	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	• • • • • •	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	[31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	t t	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
00	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
Dar	rt V Statements Regarding Other IRS Filings and Tax Compliance			Λ	
га	Check if Schedule O contains a response or note to any line in this Part V				
	Chook in Conocado C containo a response of note to any line in this i art v			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ا د		169	INO
1a h	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and				
С	DIG THE OF GARLIZATION COMPLY WITH DIGENCE WITH HOLDING TUTES TO TEPOTABLE PAYMENTS TO VEHICUS AND	ļ			

reportable gaming (gambling) winnings to prize winners?

1c

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		.,
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		Х
b b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
C	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Λ.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	the organization is licensed to issue qualified health plans			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below	, describe the circumstances, process	ses, or changes	s in Schedule O. S	ee instructions.	
Check if Schedule O contains a respo	nse or note to any line in this Part VI				X

Sec	tion A. Governing Body and Management			
4-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
_	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
_	any other officer, director, trustee, or key employee?	2		x
3		,		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 7-	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		
_	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0.		
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		
Sac	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		X
066	tion b. I oncies (This Section B requests information about policies not required by the internal Nevertue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ı ıa	Λ	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Λ
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	120		
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by			-
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	▼ Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JIM BOOKHOUT (214)862-1185, 314 STROUD LANE, GARLAND, TX 75043			

-orm	990	(2020)

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	, unles er and	Pos eck m ss per d a dir	son is	nan one a both ar htrustee) Highest compensated employee	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) PAUL_WALDENSECRETARY/TREASURER	2. 00	x					0	0	0
(2) JODY KRIZAN	2.00						U		
VICE CHAIRMAN		x					0	0	0
(3) JIM BOOKHOUT	5.00								
CHAIRMAN		x		х			0	0	0
(4)									
<u>(5)</u>									
<u>(6)</u>									
<u>(7)</u>									
<u>(8)</u>									
<u>(9)</u>									
<u>(10)</u>									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
(14)									
								1	

14-1967247

						(C)								
	(A) Name and title	(B) Average hours per week (list any	box	unle: er an	eck n ss pe d a di	rson i	han one s both an r/trustee)	١	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization		con	(F) ated and of other appensation the	r tion
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-ormer	(W-2/1099-MISC)	(W-2/1099-MIS		_	nization I organi	and zations
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
<u>(21)</u>														
(22)														
(23)_														
(24)														
(25)														
1b c d	Subtotal	ion A .						. •	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) w	ho re	eceive	d mo	ore than \$100,000	of				(
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i> .		-				-		•			3	Yes	No x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th individual.	an \$150,000)? If "Y	'es,"	cor				le J for such			4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compensation	on from	any	unr		_					5		x
	on B. Independent Contractors	tod index	don4 = -	nt	ot s =	. 46	t roc-'	vo d	more than \$400.00	10 of				
1	Complete this table for your five highest compensa compensation from the organization. Report comp										vear.			
	(A)								(B)			(C)		
	Name and business addres	is .							Description of service	es	Cor	npens	ation	
	Total number of independent contractors (includin	a bod and P												

14-1967247

		Check if Schedule O co	ntains a respons	e or n	ote to any line in thi	s Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns .		1a					sections 512–514
	b	Membership dues		1b					
nts nts	C	Fundraising events		1c					
Gra To CI	d	Related organizations .		1d					
fts,	e	Government grants (contri		1e					
ָה <u>יַּ</u>	f	All other contributions, gift		-10					
Sin		and similar amounts not in	-	1f	4,145				
buti ther	g	Noncash contributions inc			1,113				
Contributions, Gifts, Grants and Other Similar Amounts	9	lines 1a-1f		1g	 				
နှင့်	h					4,145			
					Business Code				
	2a	NONE							
Program Service Revenue	b								
e S	С								
m S Ver	d								
gra Re	е								
P.	f	All other program service r	revenue						
	g	Total. Add lines 2a-2f .							
	3	Investment income (includir	ng dividends, inte	erest, a	and				
		other similar amounts) .				7,816	7,816		
	4	Income from investment of	tax-exempt bond	d proce	eeds▶				
	5	Royalties			▶				
			(i) Real		(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7a	Gross amount from	es	(ii) Other					
		sales of assets							
		other than inventory	7a						
	b	Less: cost or other basis							
venue		and sales expenses	7b						
		Gain or (loss)	7c						
Other Re		Net gain or (loss)							
the the	8a	Gross income from fundrai	sing						
Ò		events (not including \$		-					
		of contributions reported or							
		1c). See Part IV, line 18		8a 8b					
		Less: direct expenses .							
		Net income or (loss) from f Gross income from gaming	-	s .					
	Эа	activities, See Part IV, line	-	00	121 071				
	h			9a 9b					
		Less: direct expenses . Net income or (loss) from g			,	12 024	4,147	9,787	
				<u> </u>		13,934	4,14/	9,767	
	10a	Gross sales of inventory, le returns and allowances .		10a					
	h	Less: cost of goods sold		10a					
		Net income or (loss) from s							
		2, 2 3. (1000)		, - -	Business Code				
Ω	11a	NONE							
Miscellanous Revenue	b								
ella	С								
lisce Re	d	All other revenue							
Σ	е	Total. Add lines 11a-11d	<u></u>	<u>.</u>	.				
		Total revenue. See instru				25,895	11,963	9,787	0

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): Legal..... b d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 13 5,954 5,954 14 15 16 17 2,912 2,912 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 1,530 1,530 20 21 22 Depreciation, depletion, and amortization 23 1,001 1,001 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a DUES 1,300 1,300 b POSTAGE 307 307 c FLAGS PURCHASED 12,712 12,712 d TELEPHONE 2,424 2,424 е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 28,140 28,140 0 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	85,629	1	65,996
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
•	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	199,280	11	220,439
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	284,909	16	286,435
	17	Accounts payable and accrued expenses	8,374	17	12,145
	18	Grants payable	0,5/1	18	12,143
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
≣		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,374	26	12,145
	20	Organizations that follow FASB ASC 958, check here	8,3/4	20	12,145
		,			
es	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		27	
anc	27	F			
Bal	28			28	
힏		Organizations that do not follow FASB ASC 958, check here			
Ę	20	and complete lines 29 through 33.		20	
S O	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund	^=-	30	
As	31	Retained earnings, endowment, accumulated income, or other funds	276,535	31	274,290
Net	32	Total liebilities and act acceptational beloans	276,535	32	274,290
	33	Total liabilities and net assets/fund balances	284,909	33	286,435

EEA

Form **990** (2020)

Paı	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			25,	895
2	Total expenses (must equal Part IX, column (A), line 25)	2			28,	140
3	Revenue less expenses. Subtract line 2 from line 1	3			(2,	245)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			276,	535
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			274,	290
Paı	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					, 🔲
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
EA			F	orm	990 (2	(020)

	990-T		Exempt Organization Business Income Tax Return		O	MB No. 1545-0047
Form	330-1		(and proxy tax under section 6033(e))			
						2020
		For cale	endar year 2020 or other tax year beginning, 2020, and ending, 20			
	rtment of the Treasury all Revenue Service	▶ 1	► 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).		n to Public Inspection for 501(c)(3) Organizations Only
\overline{A}	Check box if		Name of organization (Check box if name changed and see instructions.)		yer ide	entification number
	address changed.	D :	JUSTICES OF THE PEACE & CONSTABLES	14-19	672	47
ВЕх	empt under section	Print	Number, street, and room or suite no. If a P.O. box, see instructions.			ption number
X	501(c)(3)	or	PO BOX 496584	(see ir	nstructi	ons)
	408(e) 220(e)	Туре	City or town, state or province, country, and ZIP or foreign postal code			
	408A 530(a)		GARLAND, TX 75049	F	heck if	
	529(a) 529A	C Book	value of all assets at end of year	а	n amer	nded return.
G	Check organization t	уре ▶	x 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐	Applica	ble re	einsurance entity
Н	Check if filing only to	>	☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439)		
<u> </u>	Check if a 501(c)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation			▶ 🗌
J	Enter the number of	attached	Schedules A (Form 990-T)		. ▶	1
K	During the tax year, v	was the o	corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		. ▶	Yes X No
	If "Yes," enter the na	me and	dentifying number of the parent corporation >			
			JIM BOOKHOUT 314 STROUD LANE GARLAN TX 750 Resephone number	(21	4)8	62-1185
Pa			ed Business Taxable Income			
1			s taxable income computed from all unrelated trades or businesses (see			
	,				1	19,803
2				-	2	
3	Add lines 1 and 2				3	19,803
4		`	ee instructions for limitation rules)	_	4	
5			exable income before net operating losses. Subtract line 4 from line 3		5	19,803
6			loss. See instructions	· ·	6	
7			s taxable income before specific deduction and section 199A deduction.		_	
_	Subtract line 6 from				7	19,803
8			ly \$1,000, but see instructions for exceptions)		8	1,000
9			uction. See instructions	_	9	
10			es 8 and 9	• •	10	1,000
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,			10.000
Pa	enter zero Irt II Tax Cor			• •	11	18,803
1	Organizations tax	xable as	corporations. Multiply Part I, line 11 by 21% (0.21)	. ▶	1	3,949
2	Trusts taxable at	trust ra	tes. See instructions for tax computation. Income tax on the amount on			
	Part I, line 11 from:	ד 🗌 ו	ax rate schedule or Schedule D (Form 1041)	. ▶	2	
3	Proxy tax. See ins	struction	s	. ▶	3	
4	Other tax amounts	. See ins	tructions		4	
5	Alternative minimu	m tax (tr	usts only)		5	
6	Tax on noncomp	liant fac	ility income. See instructions		6	

For Paperwork Reduction Act Notice, see instructions.

7

3,949

Form **990-T** (2020)

Pai	rt III	Tax and Payments					
1a	Foreign	tax credit (corporations attach Form 1118; trus	sts attach Form 1116)	. 1a			
b	Other cr	edits (see instructions)		. 1b			
С	General	business credit. Attach Form 3800 (see instru	ictions)	. 1c			
d	Credit fo	r prior year minimum tax (attach Form 8801 o	r 8827)	. 1d			
е	Total cr	edits. Add lines 1a through 1d				1e	
2	Subtract	line 1e from Part II, line 7				2	3,949
3	Other ta	kes. Check if from: Form 4255	Form 8611	Form 8866			
		Other (attach staten	nent)			3	
4		x. Add lines 2 and 3 (see instructions).					
		1294. Enter tax amount here				4	3,949
5		965 tax liability paid from Form 965-A or Form		and the second s		5	
6a	Paymen	ts: A 2019 overpayment credited to 2020 .		. 6a			
b		timated tax payments. Check if section 643(g)					
С	Tax dep	osited with Form 8868		. 6c	5,000		
d	_	organizations: Tax paid or withheld at source					
е		withholding (see instructions)					
f		r small employer health insurance premiums (. 6f			
g		edits, adjustments, and payments: Form	2439				
	☐ Form		Total				
7		•				7	5,000
8		d tax penalty (see instructions). Check if Form				8	96
9		. If line 7 is smaller than the total of lines 4, 5				9	
10		yment. If line 7 is larger than the total of lines	·			10	955
11		e amount of line 10 you want: Credited to 20		955 Refund		11	
		Statements Regarding Certain Ac					
1	•	me during the 2020 calendar year, did the orga	· ·		•		Yes No
		nancial account (bank, securities, or other) in		•			
		Form 114, Report of Foreign Bank and Finance	cial Accounts. If "Yes," enter the nam	ne of the foreign count	ry		
_	here ►	toalid the consciention accides a dist	wilandian furna annua it tha annuatan af				X
2	•	ne tax year, did the organization receive a distr	•				
	foreign t						. х
2		see instructions for other forms the organization amount of tax-exempt interest received or accept the second of		⊾ (•		
3 4a		organization change its method of accounting					
		Yes," has the organization described the chan					. X
D		n Part V	• • • • • • • • • • • • • • • • • • • •	•			
Pai		Supplemental Information		· · · · · · · · · · · · · · · · · · ·		<u></u>	•
		explanation required by Part IV, line 4b.	Also provide any other addition	al information. See	instruct	ions	
	100 1110 1	explanation required by Fart IV, line 15.	, nee, provide any earer addition	a momaton coo	mon dot	101101	
		er penalties of perjury, I declare that I have examine					
٠.		f, it is true, correct, and complete. Declaration of pre	eparer (other than taxpayer) is based on a	all information of which p	reparer ha	s any knowle	dge.
Sigı			L		1		
Her	e 🚩		CHAIRMA	N		with the prepa	iscuss this return rer shown below
	Siç	nature of officer	Date Title			(see instruction	ns)? X Yes No
		Print/Type preparer's name	Preparer's signature	Date	Che	ck X if	PTIN
Paid	t	SHERRY M KUPTZ E A	SHERRY M KUPTZ E A	11-12-20	oolf .	employed	P00285751
Pre	parer	Firm's name ► SHERRY M KUPTZ EX		<u>'</u>		's EIN ▶ 75 -	
	Only	Firm's address ▶ 217 COMMERCIAL ST				ne no.	
	•						
		GARLAND TX 75040				972	-272-3441

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

JUS	TIC	ES OF THE PEACE & CONSTA	BLES				14-196724	7
Pa	rt I	Reason for Public Charity	/ Status. (All o	rganizations must o	complete	this par	t.) See instructions	3.
The	orgar	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.	.)		
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b))(1)(A)(i).		
2	\Box	A school described in section 170(b						
3	П	A hospital or a cooperative hospital s		,		•		
4	H	A medical research organization ope	· ·			, , ,	(1)(Δ)(iii) Enter the	
7	Ш	hospital's name, city, and state:	rated in conjunctio	ii wiiii a noopital desello	ca iii 3cci	1011 170(15)	(I)(A)(III). LIIIOI IIIO	
_		· · · · · · · · · · · · · · · · · · ·	4:4 -4 II		-4			
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	jovernmen	iai unii described in	
		section 170(b)(1)(A)(iv). (Complete	,					
6	Ц	A federal, state, or local government	· ·		` ' ' '	. ,. ,		
7		An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or from	m the general public	
	_	described in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)				
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	onjunction	with a land-grant colleg	je
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter th	e name, ci	ty, and stat	e of the college or	
		university:						
10	X	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross	
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons; and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated but	siness taxable income (le	ess section	n 511 tax) f	rom businesses	
		acquired by the organization after Ju		,				
11	П	An organization organized and opera		• • • •	•	•		
12	H	An organization organized and operat	•			. , , ,	carry out the numoses	•
-	ш	of one or more publicly supported org	•	•				
		Check the box in lines 12a through 12	-	. , , ,				•
	_	Type I. A supporting organization				•		-
	а			•		•		ig
		the supported organization(s) the			nty of the c	all ectors or	trustees of the	
		supporting organization. You mu	•					
	b	Type II. A supporting organization	•			•		
		control or management of the sup		•	rsons that (control or r	nanage the supported	
		organization(s). You must comp	olete Part IV, Sect	ions A and C.				
	С		 A supporting orga 	anization operated in co	nnection w	rith, and fu	nctionally integrated wi	th,
		its supported organization(s) (see	e instructions). You	u must complete Part I	V, Section	ıs A, D, ar	nd E.	
	d	Type III non-functionally integr	rated. A supporting	g organization operated i	in connecti	ion with its	supported organizatio	n(s)
		that is not functionally integrated.	The organization g	enerally must satisfy a d	istribution i	requiremer	nt and an attentiveness	
		requirement (see instructions). Y	ou must complete	e Part IV, Sections A a	nd D, and	Part V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	s a Type I,	Type II, Type III	
		functionally integrated, or Type III	non-functionally in	ntegrated supporting orga	anization.			
	f	Enter the number of supported organ	izations					
	g	Provide the following information about	ut the supported or	ganization(s).				
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
			.,	(described on lines 1-10	,	ır governing	support (see	other support (see
				above (see instructions))	docum	nent?	instructions)	instructions)
					Yes	No		
						110		
(A)								
(B)								
(C)								
(D)								
(E)								

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 **5** The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (e) 2020 (f) Total **7** Amounts from line 4 **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **9** Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % **14** Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

14-1967247

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	,		, p		,	
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees		. ,	, ,	, ,	· ·	
	received. (Do not include any "unusual grants.")	1,295	600	5,926	524	4,145	12,490
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.	93,676	87,077	83,804	71,744	28,342	364,643
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	94,971	87,677	89,730	72,268	32,487	377,133
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						377,133
	ction B. Total Support	(-) 0040	(I-) 0047	(-) 0040	(-1) 0040	(-) 0000	(f) T-1-1
_	endar year (or fiscal year beginning in) > Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9		94,971	87 , 677	89,730	72,268	32,487	377,133
IUa	Gross income from interest, dividends,						
	payments received on securities loans, rents,	2 000	4 510	5 000	F 400	P 016	00 500
h	royalties, and income from similar sources Unrelated business taxable income (less	3,889	4,510	5,089	7,428	7,816	28,732
D	section 511 taxes) from businesses						
	acquired after June 30, 1975	9,172	10 765	20 445	22 072	9,787	76 141
c	Add lines 10a and 10b	13,061	12,765 17,275	20,445 25,534	23,972 31,400	17,603	76,141 104,873
11	Net income from unrelated business	13,001	17,273	23,334	31,400	17,003	101,073
•	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	108,032	104,952	115,264	103,668	50,090	482,006
14	First 5 years. If the Form 990 is for the orga	nization's first,	second, third,	fourth, or fifth to	ax year as a se	ection 501(c)(3)	
	organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Suppor	rt Percentage	!				
15	Public support percentage for 2020 (line 8, c	olumn (f), divid	ed by line 13, o	column (f))		15	78.24 %
	Public support percentage from 2019 Sched					16	81.84 %
	ction D. Computation of Investment In						
	Investment income percentage for 2020 (line					17	22.00 %
	Investment income percentage from 2019 So					18	18.00 %
19a	33 1/3% support tests - 2020. If the organize						
	17 is not more than 33 1/3%, check this box	-	-	-			
b	33 1/3% support tests - 2019. If the organize						
_	line 18 is not more than 33 1/3%, check this	-	•	•	•		
20	Private foundation If the organization did n	not check a hox	on line 14 19:	a or 19h chec	k this hov and	See instructions	2 ▶

Part IV Supporting

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Vaa	Na
	Yes	No
1		
2		
3a		
- Gu		
3b		
20		
3с		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Pai	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
500	tion C. Type II Supporting Organizations			
Jec	tion C. Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
	The state of the s		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	truci	ions)	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
h	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		
Ŋ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	21)		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

ched	ule A (Form 990 or 990-EZ) 2020 JUSTICES OF THE PEACE & CONSTABLES		14-196	7247 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 <i>(explai</i>	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	ization	s must complete Section	ns A through E.
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

1 2

3

4

5

6

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Minimum asset amount for prior year (from Section B, line 8, Column A)

EEA

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2020 JUSTICES OF THE PEACE & CONSTABLES

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

Part V Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continued)								
Sec	tion D - Distributions		Current Year					
1	Amounts paid to supported organizations to accomplish exem	pt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported	d l					
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purposes	ations 3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required) - pr	(I) 5						
6	Other distributions (describe in Part VI). See instructions.	6						
7	Total annual distributions. Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which the	organization is respo	nsive					
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2020 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10)				
Sec	tion E - Distribution Allocations (see instructions)	(i)	(ii)	(iii) Distributable				

10	Line 8 amount divided by line 9 amount		10	
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			
			0-1	-ll A (F 000 000 F7) 0000

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
_	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization					Employer i	dentification number
JUSTICES OF THE PEACE & CONS						967247
Part I Fundraising Activities Form 990-EZ filers are not	•	_		wered "Yes" on	Form 990, Part I	/, line 17.
1 Indicate whether the organization rais				ies Check all that ar	nnly	
a Mail solicitations	ed fullus tillough		_	f non-government gra		
b Internet and email solicitations				f government grants	arito	
c Phone solicitations				raising events		
d n-person solicitations		9 🗆 🕻	opeciai iuiiui	aising events		
2a Did the organization have a written or	r oral agroomont w	ith any indivi	dual (includin	a officere directore	trustoes	
or key employees listed in Form 990,						Yes No
b If "Yes," list the 10 highest paid individ				-		
compensated at least \$5,000 by the c		indiaiscis) p	arsuarit to ag	recinents under wind	on the fundialiser is to	DC
compensated at least \$6,000 by the c	ngariization.					
					(v) Amount paid to	T
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(II) Activity		utions?	from activity	fundraiser listed in col. (i)	organization
		Yes	No		coi. (i)	
1		103	110	-		
•						
2						
3						
4						
5						
6						
7						
8						
0						
9						
10						
		•				
Total			•			
3 List all states in which the organization	n is registered or lic	censed to sol	icit contributi	ons or has been noti	fied it is exempt from	
registration or licensing.						
						-

Part II

14-1967247 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts greater than	\$5,000.								
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through					
			(event type)	(event type)	(total number)	col. (c))					
eni											
Revenue	1	Gross receipts									
_	2	Less: Contributions									
	3	Gross income (line 1 minus									
		line 2)									
	4	Cash prizes									
	5	Noncash prizes									
	Ů	Tronodon prizos									
ses	6	Rent/facility costs									
Direct Expenses	7	Food and beverages									
ot E	•	r ood and boverages									
Jire	8	Entertainment									
	9	Other direct expenses									
	10	Direct expense summary. Add lines	4 through 0 in column (d)		_						
	11										
Pa	11 Net income summary. Subtract line 10 from line 3, column (d)										
		\$15,000 on Form 990-EZ,									
е			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add					
Revenue			(,9-	bingo/progressive bingo	(-, gg	col. (a) through col. (c))					
Re	1	Gross revenue	243,342	336,926		580,268					
	•	Closs levelled	243,342	330,720		300,200					
	2	Cash prizes	215,000	233,397		448,397					
nses											
Direct Expenses	3	Noncash prizes									
ct E	4	Rent/facility costs	10 459	20 242		49 900					
Dire	4	Reniviacinty costs	10,458	39,342		49,800					
	5	Other direct expenses	13,737	54,400		68,137					
		·	Yes %	Yes %	Yes %	·					
	6	Volunteer labor	x No	x No	No						
	<u> </u>										
	7	·				566 224					
	7	Direct expense summary. Add lines				566,334					
	7	·	2 through 5 in column (d)			566,334 13,934					
	8	Direct expense summary. Add lines Net gaming income summary. Subt	2 through 5 in column (d)	mn (d)							
9 a	8 En	Direct expense summary. Add lines Net gaming income summary. Subter the state(s) in which the organizate	2 through 5 in column (d) ract line 7 from line 1, colur	mn (d)		13,934					
	8 En	Direct expense summary. Add lines Net gaming income summary. Subter the state(s) in which the organization licensed to conduct g	2 through 5 in column (d) ract line 7 from line 1, column conducts gaming activities in each of	mn (d)		13,934					
а	8 En	Direct expense summary. Add lines Net gaming income summary. Subter the state(s) in which the organizate	2 through 5 in column (d) ract line 7 from line 1, column conducts gaming activities in each of	mn (d)		13,934					
a b	En Is t	Direct expense summary. Add lines Net gaming income summary. Subter the state(s) in which the organization licensed to conduct good, explain:	2 through 5 in column (d) ract line 7 from line 1, coluition conducts gaming activities in each of	mn (d)		13,934 ✓ Yes No					
a b	8 En Is t	Direct expense summary. Add lines Net gaming income summary. Subtempter the state(s) in which the organizate the organization licensed to conduct grown, explain: ere any of the organization's gaming I	2 through 5 in column (d) ract line 7 from line 1, column ion conducts gaming activities in each of gaming activities in each of icenses revoked, suspendent	mn (d)	tax year?	13,934 X Yes					
a b	8 En Is t	Direct expense summary. Add lines Net gaming income summary. Subtempter the state(s) in which the organizate the organization licensed to conduct grown, explain: ere any of the organization's gaming I	2 through 5 in column (d) ract line 7 from line 1, column ion conducts gaming activities in each of gaming activities in each of icenses revoked, suspendent	mn (d)	tax year?	13,934 ✓ Yes No					

Sche	dule G (Form 990 or 990-EZ) 2020 JUSTICES OF THE PEACE & CONSTABLES	14-196	7247	Pa	ıge 3
11	Does the organization conduct gaming activities with nonmembers?		. X Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity				
	formed to administer charitable gaming?		. X Yes		No
13	Indicate the percentage of gaming activity conducted in:	1	ı		
а	The organization's facility				%
b	An outside facility	13b	100.0	000	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and				
	records:				
	Name► JIM BOOKHOUT				
	Address ► 314 STROUD LANE GARLAND TX 75043				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		. Yes	X	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the				
	amount of gaming revenue retained by the third party ► \$				
С	If "Yes," enter name and address of the third party:				
	Name▶				
	Address ▶				
16	Gaming manager information:				
	Name► ANITA CLAIBORN				
	Gaming manager compensation ► \$ 6,545				
	Description of services provided ► MANAGING EMPLOYEES AND BINGO SESSIONS				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		. Yes	X	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
Da	spent in the organization's own exempt activities during the tax year ► \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	dumne (i	ii) and (v	\· or	<u> </u>
Га	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add	,	, , ,		iu
	See instructions.	illonai in	iomatioi	١.	
	Oce manucions.				
		-			

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 14-1967247 JUSTICES OF THE PEACE & CONSTABLES 01. Form 990 governing body review (Part VI, line 11) NO REVIEW WAS CONDUCTED OR WILL BE CONDUCTED. 02. Governing documents, etc, available to public (Part VI, line 19) ALL DOCUMENTS AVAILABLE UPON REQUEST. SOME DOCUMENTS PROVIDED ON WEBSITE.

(Rev. January 2020)

Department of the Treasury

Application for Automatic Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-0047

▶ Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print JUSTICES OF THE PEACE & CONSTABLES 14-1967247 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. GARLAND TX 75049 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 12 • The books are in the care of ▶ JIM BOOKHOUT, 314 STROUD LANE GARLAND TX 75043 Telephone No.▶ 214-862-1185 FAX No. ► • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 11-15 , 20 21 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 20 or , 20 , and ending tax year beginning 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a 5,000 **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

0

5,000

\$

3с

Federal Supporting Statements	2020 PG01
Name(s) as shown on return	Tax ID Number
JUSTICES OF THE PEACE & CONSTABLES	14-1967247
990-T Schedule A Part II - Line 14 Other Deductions	Statement #9
Form 990-T Schedule A: INSTANT BINGO SALES	
Description	Amount
ADVERTISING	1,236
TAX PREPARATION	395
RENT	39,342
SECURITY	4,853
BANK CHARGES	122
OFFICE EXPENSE	5
PAYROLL	24,297
COST OF GOODS	11,401
Total	81,651

Form **990-W**

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

► Go to www.irs.gov/Form990W for instructions and the latest information.

► Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2021

1	Unrelated business taxable income expect	1							
2	Tax on the amount on line 1. See instruc		2	3,949					
3	Alternative minimum tax for trusts. See inst		3						
4	Total. Add lines 2 and 3					4	3,949		
5	Estimated tax credits. See instructions .					5			
6	Subtract line 5 from line 4					6	3,949		
7	Other taxes. See instructions		• • • • • • • • • • • • • • • • • • • •			7			
8	Total. Add lines 6 and 7					8	3,949		
9	Credit for federal tax paid on fuels. See ins	tructio	ns			9			
10a b	required to make estimated tax payments. Private foundations, see instructions								
			(a)	(b)	(c)		(d)		
11	Installment due dates. See instructions	11	06-15-2021	06-15-2021	09-15-2021		12-15-2021		
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." 2020 Overpayment. See instructions	12	987 238	987 238	987 238		988		
14	Payment due (Subtract line 13 from line 12)	14	749	749	749		747		

SHERRY M KUPTZ EA

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Phone: (972)272-3441 | Fax: (972)272-7643

November 12, 2021

Justices Of The Peace & Constables PO Box 496584 Garland, TX 75049

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (972)272-3441.

Sincerely,

Sherry M Kuptz E A SHERRY M KUPTZ EA

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2020

Department of the Treasury Internal Revenue Service

A Name of the organization

▶ 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

B Employer identification number

JUSTICES OF THE PEACE & CONSTABLES 14-1967247 C Unrelated business activity code (see instructions) ► 713200 D Sequence: 1 of 1 E Describe the unrelated trade or business ► INSTANT BINGO SALES Part I **Unrelated Trade or Business Income** (B) Expenses (C) Net (A) Income 1a Gross receipts or sales 336,926 b Less returns and allowances 233,397 c Balance ▶ 1c 103,529 2 2 3 3 103,529 103,529 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) . 4b С 4c Income (loss) from a partnership or an S corporation (attach 5 6 6 7 7 Unrelated debt-financed income (Part V) Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 10 Exploited exempt activity income (Part VIII) 10 11 11

12 Other income (see instructions; attach statement) 12 13 13 103,529 103,529 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 2 3 3 4 4 5 Interest (attach statement) (see instructions) 5 6 2,075 7 Depreciation (attach Form 4562) (see instructions) 7 8 Less depreciation claimed in Part III and elsewhere on return 8b 9 9 10 Contributions to deferred compensation plans 10 11 11 12 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement)#9.... 81,651 15 15 83,726 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 19,803 17 Deduction for net operating loss (see instructions) 17 18 18 19,803

	le A (Form 990-T) 2020 JUSTICES OF THE PEX			14-19672	47 Page 2
Part		method of inventory va			
	Inventory at beginning of year				
	Purchases	· · · · · · · · · · · · · · · · · · ·			
	Cost of labor				
	Other costs (attach statement)				
	Total. Add lines 1 through 5				
	Inventory at end of year				
	Cost of goods sold. Subtract line 7 from line 6. Enter h				
	Do the rules of section 263A (with respect to property pro				Yes No
Part					
	Description of property (property street address, city, state		_ •		
	A 🗆	*	,	,	
	в 🗌				
	c 🗌				
	D 🗌				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
	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)				
	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A th	nrough D. Enter here an	d on Part I, line 6, colu	mn (A) ▶	
	Deduction discontinuous state of with the former				
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Ent	er here and on Part I, I	ine 6, column (B)		
Part	V Unrelated Debt-Financed Income (see	instructions)			
1	Description of debt-financed property (street address, city		ck if a dual-use (see ins	structions)	
	A 🗌	,	,	,	
	В 🗌				
	c 🗌				
	D 🗌				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
	Total deductions (add lines 3a and 3b,				
	columns A through D)				
	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)	%	0/	0/	0/
	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Par	t I, line 7, column (A)		
9	Allocable deductions. Multiply line 3c by line 6				
-					

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶

Part	VI Interest, Annuiti					anizations (see instru	ctions)	
	·	Exempt Controlled Organizations						
Name of controlled organization a		3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5		
(1)								
(2)								
(3)								
(4)								
			Nonexem	pt Co	ntrolled Organization	ns		
	inco				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)								
						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Tota								
Part	VII Investment Inc	ome of a Sec	tion 501(c)(7), (9), or (17) Organiz	ation (see instructions	3)	
	1. Description of income	2. Amou	nt of income	1	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5.Total deductions and set-asides (add columns 3 and 4)	
(1)								
(2)								
(3)								
(4)								
		Enter here	ats in column 2. and on Part I, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)	
Tota		>					<u> </u>	
Part			•	er Ti	han Advertising l	ncome (see instructio	ns)	
1	Description of exploited ac	_						
2								
3								
	line 10, column (B)							
4	• • • • • • • • • • • • • • • • • • • •							
_	•	4						
5	,						5	
6	Expenses attributable to income entered on line 5							
7	, ,							
	4. Enter here and on Part II, line 12							

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting two or	more periodicals on a c	onsolidated basis.		
	A none				
	В 📙				
	C ∐				
	D	alia a a a luma			
Entera	amounts for each periodical listed above in the correspor	A	В	С	D
2	Gross advertising income				
_	•				
а	Add columns A through D. Enter here and on Part I, line	e 11, column (A) · ·			>
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part I, line	e 11, column (B)			•
4	Advertising gain (loss). Subtract line 3 from line 2.For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income	•			
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater of the	ne line 8a, columns total	or zero here and on		
	Part II, line 13				<u> </u>
Part	X Compensation of Officers, Directors,	and Trustees (se	e instructions)		
	1. Name	2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
(1) _{NC}	ONE			%	
(2)				%	
(3)				%	
(4)				%	
Total	Enter here and an Part II, line 1				
Part	I. Enter here and on Part II, line 1	ructions)			
· are	Cappionian information (650 inc.	. dollorio,			