	Revenue Service	Do Do	not enter SSN numbers			v be made publi		•	c)(3)	Open to Pt	ublic Inspection for Organizations Only
A	Check box if		Name of organization ($\overline{}$							ation number
	address changed)					•	(Employe	es' trust, sec	e instructions)
B Exe	mpt under section		TG 303, INC.								
	501(C)(3)	Print						74-2948330			
\vdash	408(e) 220(e)	_ or	or					E Unrelate	E Unrelated business activity codes		
	408A 530(a)	, .,,,,	8610 NORTH N	EW BRAU	NFEL	S, STE. 5	00		(See instr	uctions)	
\vdash	529(a)		City or town, state or pr						7		
C Boo	k value of all assets	1	SAN ANTONIO,						713200	נ	
	end of year	F Gro	oup exemption number							_	
	3.880.619.		eck organization type				501(c) trust	401(a) tr	ust	Other trus
<u></u>	possibe the ergania	rotion's r	orimary unrelated busine	acc actuaty	CH	ARTTABLE				200	
			corporation a subsidia								Yes X N
			identifying number of t	•	•	•	-subsidial y C	controlled group.			_
			WEDGE MGMT IN			<u> </u>	Telenhon	e number 🕨 🤅	210-821-	4300	
			or Business Incon		-	(A) Inc		(B) Exper			(C) Net
			959,170.		1	(A) 1110		(B) Expo	1303		(0) 1101
1a			335,110.	. Dalamas .		95	9,170.				
b	Less returns and allowa		dula A luas 7\	c Balance ▶			3,875.				
2	=	•	dule A, line 7)		3		5,295.				255,295
3	•		2 from line 1c				5,255.				
4a			attach Schedule D)		4a						
b	• . , .		, Part II, line 17) (attach Fo		4b						
C	•		trusts		4c						
5			ips and S corporations (atta			· · · · · · · · · · · · · · · · · · ·					
6					6						
7	Unrelated debt-fi	nanced ir	ncome (Schedule E) .		7						 -
8	-		ents from controlled organization		8			<u> </u>			
9			01(c)(7) (9), or (17) organizati								
10			income (Schedule I) .								
11			dule J)		11			,	.42		
12			ctions, attach schedule)		12	25	E 20E	, w	· · · · · · · · · · · · · · · · · · ·		255 205
13	Total Combine li	nes 3 th	rough 12 ,	<u></u>	13		5,295.				255,295
Pai			Taken Elsewhere	•					Except to	r contri	butions,
			t be directly conne						1 1		
14			, directors, and trustees				下の官い	たい。おり	14		F2 F60
15								- RS	15		53,568
16	Repairs and mair	ntenance				· · · 1 & · · · M	AY: 2:2	2017 6	16		7,172
17							.n	······································	17		
18	Interest (attach s	chedule)							18		
19	Taxes and license	es	(San anatomatican far lan			· · · · · · · · · ·)GDEN	1,. U.L <u>.</u>	19		5,876
20	Charitable contril	butions (See instructions for lim	itation rules)		· · · <u>L</u>			20		
21			n 4562)			T I	21				
22	Less depreciation	n claimed	d on Schedule A and els	sewhere on re	eturn	<i></i> l	22a		22b		
23											
24	Contributions to	deferred	compensation plans .						24		
25			ns								
26			(Schedule I)								
27			Schedule J)								
28	Other deductions	(attach	schedule)			A	ГТАСНМ	ENT.1	28		176,410
29			es 14 through 28								243,026
30	Unrelated busine	ess taxa	ble income before ne	et operating	loss	deduction Su	btract line	29 from line	13 30		12,269
31			tion (limited to the amo						31		
32	Heroloted by a	+	la lacama bafasa aasa	والمسام مرك	- C		n line 20		22		12.269

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

enter the smaller of zero or line 32 For Paperwork Reduction Act Notice, see instructions.

5x2740 1 00 75GO B99T 5/15/2017 8:04:37 AM

Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32,

V 15-7.18

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2015 or other tax year beginning 07/01, 2015, and ending 06/30, 20 16▶ Information about Form 990-T and its instructions is available at www.irs gov/form990t.

990-T

Department of the Treasury

33

Form **990-T** (2015) 0221864

33

OMB No 1545-0687

Other trust

255,295.

255,295.

53,568. 7,172.

5,876.

176,410. 243,026. 12,269.

> 12,269. 1,000.

11,269

PAGE 58

Form :	990-T (2015) TG 303, INC.	74-2948330	Page Z
Far	t III Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group		
33	members (sections 1561 and 1563) check here See instructions and		
_	, —		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
	(1) (3) (5)		
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)\$]	
	(2) Additional 3% tax (not more than \$100,000)		
С	Income tax on the amount on line 34	35c	1,690.
36	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041).	36	
		37	
37	Proxy tax See instructions		
38	Alternative minimum tax	38	1 600
39	Total Add lines 37 and 38 to line 35c or 36, whichever applies	39	1,690.
Par	t IV Tax and Payments		
40 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 40a	İ	
	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827).	1	
		40e	
	Total credits. Add lines 40a through 40d	41	1,690.
41	Subtract line 40e from line 39		
42	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule) .	42	1 600
43	Total tax. Add lines 41 and 42	43	1,690.
44 a	Payments A 2014 overpayment credited to 2015		
	2015 estimated tax payments		
	Tax deposited with Form 8868	1	
	Foreign organizations Tax paid or withheld at source (see instructions)	1	
	Backup withholding (see instructions)		
		. *	
	Credit for small employer health insurance premiums (Attach Form 8941)		
g	Other credits and payments Form 2439 Other Total 44g		
	Form 4136 Other Total ▶ 44g	- 4-	
45	Total payments Add lines 44a through 44g	45	1,690.
46	Estimated tax penalty (see instructions) Check if Form 2220 is attached	46	
47	Tax due If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48	Overpayment. If line 45 is Targer than the total of lines 43 and 46, enter amount overpaid	48	
49	Enter the amount of line 48 you want Credited to 2016 estimated tax Refunded	49	
Par			
4			Yes No
•	At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority		165 110
	account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, F	Report of Foreign	
	Bank and Financial Accounts If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	Х
	If YES, see instructions for other forms the organization may have to file		
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
Sch	edule A - Cost of Goods Sold. Enter method of inventory valuation ▶		
1	Inventory at beginning of year . 1 6 Inventory at end of year	6	
2	Purchases		
_			
3		.	702 075
4 a	Additional section 263A costs Part I, line 2		703,875.
	(attach schedule) 4a 8 Do the rules of section 263A (wi	th respect to	Yes No
b	Other costs (attach schedule) . 4b ^{† +} 703,875. property produced or acquired for		
_5	Total. Add lines 1 through 4b . 5 703,875. to the organization?	<u>.</u> <u>.</u>	Х
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b		and belief, it is
Sigr	true, correct, and complete Deviarchon to reparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Her	- POTENTIAL PROPERTY AND	y the IRS discuss	
		h the preparer she instructions) 2 X Y_{6}	
		PTIN	io I INO
Paid	La sar again and the check	·	
	N. ARI BERLIN Self-e		65358
•	Only Firm's name BDO USA LIEP Firm's	EIN ► 13-538	1590
	Firm's address ▶ 9901 IH-10, SUITE 500 Phone	no 210-34	2-8000
	**ATCH 2 SAN ANTONIO, TX 78230	Form 99	90-T (2015)

JSA

1 Description of income	income	3 Deductions ome directly connected (attach schedule)		t-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)						
(2)						
(3)	ļ					
(4)						
	Enter here and Part I, line 9, c					Enter here and on page Part I, line 9, column (B
Totals ▶						ļ
Schedule I - Exploited Exc	empt Activity In	come, Other	Than Advertising In	come (see instru	ctions)	
			4 Net income (loss)			7.5
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	from unrelated trade or business (column 2 minus column 3) If a gain, compute	from unrelated trade or business (column 3)		
(1)	 		- 			
(2)						
(3)						
(4)	T					
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and or page 1, Part I, line 10, col (B)	n			
Totals ▶		<u> </u>		<u> </u>		
Schedule J - Advertising Ir			<u> </u>			
Part I Income From Per	iodicals Report	ted on a Cons	olidated Basis			
1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readershi costs	7. Excess readership costs (column 6 minus column 5, bu not more than column 4)
(1)	 		1,8			
(2)			* × ,			^ '
(3)			7 .			
(4)						** · ,**
Totals (carry to Part II, line (5))						
Part II Income From Pe 2 through 7 on a			parate Basis (For e	each periodical I	isted in Par	rt II, fill in columns
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readershi costs	p 7 Excess readershij costs (column 6 minus column 5, bu not more than column 4)
(1)				-		
(2)			<u> </u>			
(3)			 		 	
(4)						
Totals from Part I ▶			***	I		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and o page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		<u> </u>	T			
Schedule K - Compensation	on of Officers, D	irectors, and	Trustees (see instru		 	
1 Name		2 Title		3 Percent of time devoted to business 4 Compe		
(1)					%	
(2)					%	
(3)					%	
145		i		1		
(4) Total. Enter here and on page 1, F		<u> </u>			%	

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

RENT STATE REQUIRED DISTRIBUTION OF NET BINGO PROCEEDS	81,933.
FOR CHARITABLE PURPOSES OTHER DEDUCTIONS	63,172. 31,305.
PART II - LINE 28 - OTHER DEDUCTIONS	176,410.

ATTACHMENT 2

FORM 990T - SCHEDULE A - LINE 4B - OTHER COSTS

PRIZES EVENT GAMES

678,655. 25,220.

TOTAL OTHER COSTS

703,875.