Form	990-⁄T	Ех	empt Organization (and proxy tax					<b>rg</b> 6	OMB No 1545-0687		
K)-		20 1 8	2017								
Denart	For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018  Go to www.irs.gov/Form990T for instructions and the latest information										
	Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form a					c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only		
A L	Check box if address changed		Name of organization ( Check bo	x if nai	me changed and see inst	ructions	)		yer identification number yees' trust, see instructions )		
ВЕхе	mpt under section	1	TG 303, INC.		_						
X	501( C )( <u>03</u> )	Print	Number, street, and room or suite no	fa P O	box, see instructions			74-29	948330		
	408(e) 220(e)	or Type E Unrelated business activity code (See instructions )									
	408A530(a)	1,7,60	8610 NORTH NEW BRAU					(500	structions ,		
$\sqcup$	529(a)		City or town, state or province, country		•						
	Book value of all assets at end of year SAN ANTONIO, TX 78217-6397 713200  F Group exemption number (See instructions )										
U. 0	•	1									
	4,189,699.	G Che	ck organization type   X 501	(c) co	rporation	501(c) 1		401(a)	trust Other trust		
			rimary unrelated business activity						▶ Yes X No		
			corporation a subsidiary in an affili			diary co	ntrolled group?	• • • • •	▶  Yes X No		
			identifying number of the parent con WEDGE MGMT INC, AGENT	porati		onbono	number ▶ 2	10-821-	4300		
			or Business Income		(A) Income	ephone	(B) Expe		(C) Net		
1 a	Gross receipts or		1,044,056.		(A) Income		(D) Expe	1363	(o) itel		
b	Less returns and allowa		c Balance ▶	1c	1,044,05	56.			j.		
2			ule A, line 7)	2	745,33			*			
, 3	-		2 from line 1c	3	298,72	22.			298,722.		
4a	•		ittach Schedule D)	4a							
b			Part II, line 17) (attach Form 4797)	4b			•				
С			rusts	4c					FINIFU		
5	Income (loss) from	partnership	ps and S corporations (attach statement)	5				RE'	791		
6	Rent income (Sch	nedule C)		6					191		
7	Unrelated debt-fi	nanced in	come (Schedule E)	7			13/	NPR	13 3019 10		
8	Interest annuities, roya	ilties, and rei	nts from controlled organizations (Schedule F)	8			اینا	H1			
9	Investment income of	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9	··		123	1	TEN ULL		
10			ncome (Schedule I)	10				<b>-0</b> G	المستعملية		
11			fule J)	11			سل				
12	•		ctions, attach schedule)	12	298,72	22			298,722.		
13	Total. Combine li	nes 3 thr	ough 12	13	· · · · · · · · · · · · · · · · · · ·		ductions ) (	Evcent f			
Far			be directly connected with t					Lxceptii	or contributions,		
14			directors, and trustees (Schedule K)		irciated business	1110011	10 /	14			
15	•	·-							63,625.		
16									1,585.		
17											
18											
19	Taxes and license	s						19	41.		
20			See instructions for limitation rules)					20			
21			4562)						<u> </u>		
22	•		on Schedule A and elsewhere on re					22b			
23								1	<del> </del>		
24			compensation plans								
25			s					- 1			
26			Schedule I)								
27			ichedule J)						232,004.		
28			schedule)						297,255.		
29 30			es 14 through 28					· · —	1,467.		
30 31			ion (limited to the amount on line 30						1,467.		
32			e income before specific deduction								
33			ally \$1,000, but see line 33 instruc					- 1	1,000.		
34	Unrelated busin	ess taxa	ble income Subtract line 33 fr	om lii	ne 32. If line 33 is	greate	er than line	32,			
	enter the smaller	of zero or	line 32		<u> </u>	<u> </u>	<u> </u>	38 /34	0.		
	aperwork Reduct	tion Act l	Notice, see instructions.						Form <b>990-T</b> (2017)		
7X274	° 247775GO 18899	9T 3/2	27/2019 3:29:39 PM	V 1	7-7.10	0.	221864	10 P	PAGE 5		

	000 1 (20	<b>T A 1.</b> (1.								
Pai							т			
35	_	zations Taxable as Corporations. See instructions for tax		tatio	n Controlled gro	oup				
1,	membe	rs (sections 1561 and 1563) check here 🕨 📖 See instructions and	d							
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)									
	(1) \$	(2)\\$(3)\\$								
b	Enter o	rganization's share of (1) Additional 5% tax (not more than \$11,750)		. \$		_				
	(2) Add	itional 3% tax (not more than \$100,000)		. \$			- <del></del>			
С		tax on the amount on line 34				. ▶	35c			
36	Trusts	Taxable at Trust Rates. See instructions for tax								
	the amo	ount on line 34 from Tax rate schedule or Schedule D (F	orm 104	1)		<b>•</b>	36			
37		ax. See instructions					37			
38		tive minimum tax					38			
39		Non-Compliant Facility Income. See instructions					<del></del>	· · · · · · · · · · · · · · · · · · ·		
40		dd lines 37, 38 and 39 to line 35c or 36, whichever applies								
			<u></u>	• • •	<u> </u>	• •	40			
		Tax and Payments		4 - 1	<del></del>		· · · · · ·			
		tax credit (corporations attach Form 1118, trusts attach Form 1116)			<del> </del>					
		redits (see instructions)								
С	Genera	business credit Attach Form 3800 (see instructions)	4	11c	-·					
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	4	1d	<del></del>					
е	Total ci	redits Add lines 41a through 41d	. ,				41e			
42	Subtrac	ct line 41e from l <u>ine 40 </u>		<u> </u>	,		42			
43	Other ta	xes Check if from Form 4255 Form 8611 Form 8697 Fo	orm 8866		Other (attach schedu	ule) .	43			
44		x Add lines 42 and 43					44			0.
45 a	Pavmer	nts A 2016 overpayment credited to 2017	4	5a						
b	2017 es	stimated tax payments	4	5b			1			
		posited with Form 8868					1			
		organizations Tax paid or withheld at source (see instructions)					1			
						-	1			
		withholding (see instructions)		15f			1			
		or small employer health insurance premiums (Attach Form 8941)	<u> -</u>	•31			1			
g		redits and payments Form 2439	,	ا ۔ ۔ ا						
		orm 4136 Other Tot					46			
46		ayments. Add lines 45a through 45g					46			
47		ted tax penalty (see instructions) Check if Form 2220 is attached					47			
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed					48			
49		yment If line 46 is larger than the total of lines 44 and 47, enter amount	t overpai	d	<i></i>	. ▶	49			
50	Enter th	e amount of line 49 you want			Refunde					
Pa		Statements Regarding Certain Activities and Othe								
51		time during the 2017 calendar year, did the organization have							Yes	No
	over a	financial account (bank, securities, or other) in a foreign coun	ntry? If	YES	s, the organization	n ma	ay hav	e to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts It	If YES,	ente	er the name of	the	foreigr	country		.
	here 🕨	•								Х
52	During	the tax year, did the organization receive a distribution from, or was it the	he grant	or of	or transferor to, a	fore	gn trus	t?		Х
		see instructions for other forms the organization may have to file	J		,		•		,	
53		he amount of tax-exempt interest received or accrued during the tax year	▶ \$						'	
<del></del>	U U	nder penalties of penuey, I seclare that I have examined this return, including accompan	nying sche	dules	and statements, and to	the b	est of n	ny knowledge	and be	lef, it is
Sig	l tr	ue, correct, and parameter seclaration of preparer (other than taxpayer) is based on all information	on of which	prepa	arer has any knowledge	_				
Hei		//////////////////////////////////////	EXEC	דיינו	VE DIRECTOR	Ma	y the	IRS discuss preparer sl	this	retum
1161		ignature of officer Date Ti	itle			– Iwii	e instruct	ions)? X Y	es	No
		Print/Type preparer's name Preparer's signature	^ ^	16	ate		$\top$	PTIN		1.40
Paid	d		LA.	$\mathbf{J}^{\mathbf{I}}$	03/27/2019	Chec		<sup>f</sup>	6525	5 Q
	parer	N. ARI BERLIN	0		- 30/21/2010		mployed			
	Only	Firm's name BDO USA LLP	TO 0	., ¬	0020			13-5381		
		Firm's address ▶ 9901 IH-10, SUITE 500, SAN ANTONI	10, T	λ /	8∠30	Phon	e no	210-342		
								Form 9	90-T	(2017

Form 990-T (2017)							Page		
Schedule A - Cost of G	oods Sold. E	nter metho	d of invent	tory valuation	<b>•</b>				
1" Inventory at beginning of						ar	6		
2 Purchases				l.		id Subtract line			
3 Cost of labor	3			6 from I	ine 5 En	iter here and in	<u>  _</u>		
4a Additional section 263A c	osts			Part I, line	2		7 745,334		
(attach schedule)						section 263A (w	oth respect to Yes No		
b Other costs (attach schedu		745	5,334.	1		or acquired for	· · · · · · · · · · · · · · · · · · ·		
5 Total Add lines 1 through			,334.						
Schedule C - Rent Incom				nal Property	Leased V	Vith Real Proper	tv)		
(see instructions)	** ATCH			,			• • • • • • • • • • • • • • • • • • • •		
Description of property				"					
(4)									
(1)					<del>-</del>				
(2)									
(3)				<del></del>		<del></del>	<del></del>		
(4)						<del></del>			
	2 Rent rece	eived or accru	ed				•		
(a) From personal property (if the for personal property is more than 50%	han 10% but not	percent	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				rectly connected with the income a) and 2(b) (attach schedule)		
	<del></del>	<del> </del>				<del></del>	<del></del> -		
(2)		<del>                                     </del>		_					
(3)		<del> </del>	_						
(4)		<del></del>				·			
Total		Total		· · · · · ·		· <u> </u>	<del></del>		
<del></del>	-1 0/->					(b) Total deductio			
(c) Total income Add totals of c	• •					Enter here and on Part I, line 6, colun			
here and on page 1, Part I, line 6 Schedule E - Unrelated D			no instruct	tops)		Fart I, line 0, colum	III (B) P		
Schedule E - Officiated D	ent-rinanceu	income (se	1		3 [	Deductions directly con	nected with or allocable to		
1 Description of de	ht financed namedy			income from or to debt-financed		debt-finance			
1 Description of de	bi-imanced property		1	property		nt line depreciation	(b) Other deductions (attach schedule)		
·		<del></del>	<del>                                     </del>		(atta	ch schedule)	(attach schedule)		
(1)									
(2)	_ <del></del>						- <del>-</del>		
(3)									
(4)			ļ			-			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted by of or allocable to debt-financed property (attach schedule)  (attach schedule)			6 Column 7 Gross		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%					
(2)			1	%					
(3)	1			%					
(4)				%					
· ·			<u> </u>			e and on page 1, ie 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals							2000		

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Form 990-T (2017)	TG 303,	INC.							4-29	48330 Page_4	
Schedule F - Interest, Annu	ities, Royalties	, and Rent	s Fro	m Contro	lled Or	ganizat	ons (see	instruction	ns)		
		Exem	pt Co	ntrolled Org	ganızatıd	ons					
1 Name of controlled organization	2 Employer identification number	E1		ated income 4 Total of payments		of specified included		column 4 that is in the controlling on's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	ations										
7 Taxable Income	8 Net unrelated in (loss) (see instruct		•			10 Part of column 9 included in the cont organization's gross		ntrolling conn		Deductions directly nected with income in column 10	
(1)								·			
(2)											
(3)											
(4)											
Totals					▶	, Enter Part	columns 5 a here and on , line 8, colui	page 1, nn (A)	Ente	d columns 6 and 11 or here and on page 1, t I, line 8, column (B)	
Schedule G - Investment In	come of a Sec	tion 501(c	:)(7),			nizatior	(see inst	ructions)			
1 Description of income	2 Amount of	nt of income		directly cor	3 Deductions rectly connected attach schedule)		4 Set-asides (attach schedule)			5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)			]								
Totals	Enter here and of Part I, line 9, co	olumn (A)				第 <b>次</b>		etopo)		Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited Exe	empt Activity in	come, Oth	erin	an Advert	ising in	icome (	see instru	Ctions)		<u> </u>	
Description of exploited activity ,	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	, with n of d	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thm	ted tradé (column lumn 3) ompute	5 Gross income from activity that is not unrelated business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)						l		,			
(3)											
(4)										-	
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here at page 1, Pa line 10, col	rt I,						Enter here and on page 1, Part II, line 26		
Schedule J - Advertising In	come (see instri	uctions)		23.7.7.88	W. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	1,200	, , , , , , , , , , , , , , , , , , ,	P-2 0 14 G1.	<b>(</b> 2	.1	
Part I Income From Per			onsol	idated Ba	sis			,			
. 1 Name of periodical	2 Gross advertising income	3 Direct		4 Adverti		1	culation			7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	<del> </del>			90歳次禄公4				<del> </del>		Y-4/27 - W-24-23-23-23	
(1)	-			1.7% <b>3</b> %				<del>                                     </del>			
(2)	<del>                                     </del>							<del>                                     </del>			
(3)							-	<del> </del>			
(4)				1,228,54 90 (88)/23	MAN CONTRACT	<del></del>	_	<del></del>		4(C) \$2 400 50 34 (45 1/2) 34 (45	

Form **990-T** (2017)

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						<u></u>
(4)				_		
Totals from Part I						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4. Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14			

Form 990-T (2017)

ATTACHMENT 1

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

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

RENT STATE REQUIRED DISTRIBUTION OF NET BINGO PROCEEDS FOR CHARITABLE PURPOSES OTHER DEDUCTIONS

74,341. 128,068. 29,595.

PART II - LINE 28 - OTHER DEDUCTIONS

232,004.

	ATTACHMENT 2
FORM 990T - SCHEDULE A - LINE 4B - OTHER COSTS	
PRIZES EVENT GAMES	716,451. 28,883.
TOTAL OTHER COSTS	745,334.