Fort. 990-T	~ E	EXTER Exempt Orga	NDED TO NOVI nization Bus			ax Returr	1 I	OMB No 1545-0687
Forigi COO I			nd proxy tax und				•	0040
	For ca	lendar year 2018 or other tax yea	ar beginning		, and ending		[2018
Department of the Treasury	١.				ons and the latest inform		ŀ	Open to Public Inspection for
Internal Revenue Service	•	Do not enter SSN numbe				ation is a <u>501(c)(3)</u>		501(c)(3) Organizations Only loyer identification number
A Check box if address changed		Name of organization (L	Check box if name c	hanged	and see instructions.)		(Emp	oloyees' trust, see actions)
B Exempt under section	Print	THE DALLAS					+	5-2890371 lated business activity code
X 501(c)(3.)	or Type	Number, street, and room						instructions)
408(e) 220(e) 408A 530(a)		City or town, state or pro-					1	
529(a)		DALLAS, TX	75219	_	n postal code		541	900
C Book value of all assets at end of year	1 2	F Group exemption numb G Check organization type	e X 501(c) cor	De la companya de la	501(a) trust	401/2) truct	Other trust
H Enter the number of the				1		the only (or first) u) trust	
	-	EE STATEMENT				complete Parts I-V		
		ce at the end of the previou		ırts I an				
business, then complete		•			, ,			
I During the tax year, was	the corp	oration a subsidiary in an a	affiliated group or a parer	nt-subs	diary controlled group?	•	Y(es X No
		tifying number of the paren						
J The books are in care of						one number > 2		
Part I Unrelated		le or busiliess inc	Oille		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sale b Less returns and allow			c Balance	1c				
2 Cost of goods sold (S		A line 7)	Chalance	2				:
3 Gross profit. Subtract		•		3				
4a Capital gain net incom				4a				
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b				
c Capital loss deduction				4c				
5 Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5				
6 Rent income (Schedu				6				
7 Unrelated debt-finance				7				
•		nd rents from a controlled o in 501(c)(7), (9), or (17) or	-	8				
10 Exploited exempt activ			ganization (Schedule d)	10		_		
11 Advertising income (S	-			11				
12 Other income (See ins		·	ATEMENT 2	12	30,015.			30,015.
13 Total. Combine lines	3 throu	gh 12		13	30,015.			30,015.
Part II Deduction	ns No	t Taken Elsewher	e (See instructions for	or limita	tions on deductions)			
(Except for d	contribu	itions, deductions must	be directly connected	with t	hejunrelated business	VED .	1	
•	icers, di	rectors, and trustees (Sche	dule K)		10	- I	14	1,253.
15 Salaries and wages					NOV S	2019	15 16	1,233.
16 Repairs and mainten17 Bad debts	ance				0 1101 20	2019	17	
18 Interest (attach sche	dule) (se	ee instructions)			OCDEA		18	
19 Taxes and licenses	, (,			OGDEN	۷, ۲۱	19	
	ons (See	instructions for limitation	rules) STATEME	ENT	5 SEE STAT	EMENT 3	20	4,112.
21 Depreciation (attach	Form 45	662)			21		<u> </u>	
22 Less depreciation cla	umed or	Schedule A and elsewhere	e on return		22a		22b	
23 Depletion							23	
24 Contributions to defe		mpensation plans					24	200
25 Employee benefit pro	•	hodulo I)					25	290.
26 Excess exempt exper27 Excess readership co	•	•					26 27	
27 Excess readership co28 Other deductions (att		•			SEE STAT	ЕМЕНТ 4	28	5,626.
29 Total deductions. A		•					29	11,281.
		ncome before net operating	loss deduction. Subtract	t line 29	from line 13		30	18,734.
		oss arising in tax years beg					31	
	_	ncome. Subtract line 31 fro					32	18,734.
	- D	wart Daduation Ast Matica	and instructions					Form 990-T (2018)

	Phone no.	972.490.1970	
 		Form 990-T	(201

Partin	II TOTAL Officiated publices Taxa	DIE IIICOITIE				
33	Total of unrelated business taxable income compu	ted from all unrelated trades or businesses	s (see instructions)		33	18,734.
34	Amounts paid for disallowed fringes				34	<u> 19,275.</u>
35	Deduction for net operating loss arising in tax year	s beginning before January 1, 2018 (see ii	nstructions)		35	
36	Total of unrelated business taxable income before	specific deduction. Subtract line 35 from t	he sum of			
	lines 33 and 34				36	<u>38,</u> 009.
	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)			37	1,000.
	Unrelated business taxable income. Subtract line		line 36.			
	enter the smaller of zero or line 36				38	37,009.
	// Tax Computation				1 ** 1	
	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)			39	7,772.
	Trusts Taxable at Trust Rates. See instructions for		unt on line 38 from			
40	Tax rate schedule or Schedule D (Fo	·	dili dil line 30 li dili,		40	
44	Proxy tax. See instructions	Jilli 1041)			41	
						
	Alternative minimum tax (trusts only)	ah.a.a.			42	
	Tax on Noncompliant Facility Income. See instru				43	7,772.
	Total. Add lines 41, 42, and 43 to line 39 or 40, what Tax and Payments	ilicriever applies	 .		44	1,114.
			145			
	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		-	
	Other credits (see instructions)		45b		-{ ■ 	
	General business credit. Attach Form 3800		45c		- 200	
	Credit for prior year minimum tax (attach Form 88)	01 or 8827)	45d		-	
	Total credits. Add lines 45a through 45d				45e	
	Subtract line 45e from line 44		_		46	7,772.
47	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔃 Other	(attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)				48	7,772.
	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2	1 1		49	0.
50 a	Payments: A 2017 overpayment credited to 2018		50a	982.	-[
b	2018 estimated tax payments		50b	9,018.	-[
C	Tax deposited with Form 8868		50c		4	
d	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)	50d			
	Backup withholding (see instructions)		50e		- 	
f	Credit for small employer health insurance <u>prem</u> iui	ms (attach Form 8941)	50f			
g	Other credits, adjustments, and payments: F	orm 2439				
	Form 4136 C	Other Total	▶ 50g			
51	Total payments. Add lines 50a through 50g	_			51	10,000.
52	Estimated tax penalty (see instructions). Check if F	orm 2220 is attached 🕨 📖			52	30.
53	Tax due. If line 51 is less than the total of lines 48,	49, and 52, enter amount owed		>	53	
	Overpayment. If line 51 is larger than the total of I	ines 48, 49, and 52, enter amount overpaid	.	>	54	2,198.
	Enter the amount of line 54 you want: Credited to	2019 estimated tax	2,198. Re	efunded 📂	55	0.
[Part _i V	Statements Regarding Certain	Activities and Other Informa	ition (see instru	ictions)		
56	At any time during the 2018 calendar year, did the	organization have an interest in or a signat	ture or other authori	ty		Yes No
•	over a financial account (bank, securities, or other)	in a foreign country? If "Yes," the organiza	ation may have to fil	e		
1	FinCEN Form 114, Report of Foreign Bank and Fina	incial Accounts. If "Yes," enter the name of	the foreign country			
	here					X
57	During the tax year, did the organization receive a o	distribution from, or was it the grantor of, o	or transferor to, a fo	reign trust?		X
I	If "Yes," see instructions for other forms the organi	zation may have to file.				
58	Enter the amount of tax-exempt interest received o					
C:	Under penalties of perjury, I declare that I have examined correct, and complete. Declaration of preparer former than	n taxpaver) is based on all information of which pre	parer has any knowledg	9	dge and belief, i	it is true,
Sign	1 Man / L. Clin D. Qu	VP, F	INANCE AN	ID =	lay the IRS disc	uss this return with
Here	I WIN YOUW	OPERA OPERA	TIONS		ne preparer shov	
	Signature of Officer	Date Title		ın	structions)?	X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN	
Paid				self- employed		
Prepar	er IRA L. NEVELOW	In Nevelow	11/15/19	_		083210
Use O	nly Firm's name ► WEAVER AND T	'IDWELL, LLP		Firm's EIN	<u>75-0</u>	<u>0786316</u>
	2300 N. FI	ELD ST., STE. 1000				
	Firm's address ► DALLAS , TX	75201	·	Phone no. 9		
823711 01-0	IQ. 1Q				Fo	rm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory val	uation ▶ N/A					
1 Inventory at beginning of year	1			Inventory at end of yea	ır		6		
2 Purchases	2	-	7	Cost of goods sold. St		ine 6			
3 Cost of labor	3		7	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			7 .	ine 2		·	7		
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pers	onal Property L	.ease	d With Real Prop	erty) 		
1. Description of property									_
(1)									
(2)									
(3)									
(4)				· _					
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal pi	al property (if the percentar operty exceeds 50% or if on profit or income)	ge	3(a) Deductions directly columns 2(a) er	connected with the in nd 2(b) (attach schedul	come in le)	
(1)									
(2)									
(3)						·			
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instruct	ions)	,				
			2.	Gross income from		Deductions directly cont to debt-finance		le	
1. Description of debt-fir	nanced property		٥	r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other de (attach sci	eductions nedule)	5
(1)			1						
(2)			1						
(3)			1						
(4)			1						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tot 3(a) an	al of colu	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, art I, line 7, column (A)	Enter here and Part I, line 7, c		
Totals				▶		0	. <u> </u>		0.
Total dividends-received deductions in	icluded in column	18				>			0.
				•			Form	990-T ((2018)

Schedule F - Interest	,		, uii						(255 11)	Struction.	13)
] _		<u> </u>	Controlled O					г	
Name of controlled organi	zation	2. Emp identific numb	ation		elated income instructions)	4. To	tal of specified ments made	include	t of column 4 ad in the cont ation s gross	rolling	6. Deductions directly connected with income in column 5
/1)			•	 							
<u>(1)</u> (2)								 			
(3)										+	
(4)						-					
Nonexempt Controlled Orga	inizations	l		<u> </u>							
7. Taxable Income	1	nrelated income	/lose)	n Total	of specified payn	onte	10. Part of colu	mn Q that	ic included	11 0	eductions directly connected
1.		see instructions)	, (()	3. 10m.	made		in the controlli	ng organi s income	ization's	wit	h income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals									0.		0
Schedule G - Investm	ent Incon	ne of a So	ection	501(c)(7), (9), or (1	7) Ord	anization			<u> </u>	
	structions)			(-//,	,, <u>,-</u> ,, (., 3					
1 . De	escription of inco	me			2. Amount of	ncome	3. Deduction directly connected (attach sched	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)
otals				•		0.					0
Schedule I - Exploited (see inst	d Exempt tructions)	Activity I	ncome	, Other	Than Adv	ertisin	g Income				
1. Description of exploited activity	2. G unrelated income trade or t	business e from	3. Exp directly co with pro of unre business	onnected duction slated	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business income	hat ed	6 Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)						I					
(4)	Enter here page 1, line 10, c	Part I,	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 26
otals	▶	0.	=1	0.							0.
Schedule J - Advertis	ing Incon		struction:								
Part I. Income From					olidated l	Basis			·		
1. Name of periodical		2. Gross advertising income		Direct rtising costs	4. Advertis or (loss) (co col 3) If a gal cols 5 thr	2 minus n, compute	5. Circulati	on	6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											r
(2)											
(3)											
(4)											
			1								
otals (carry to Part II, line (5))	>	0		0	<u>. </u>		1				0 . Form 990-T (2018

[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)	-					
(4)	- "					
Totals from Part I	0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.		·		0

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

STATEMENT 1

FORM 990-T

	BUSINESS ACTIVITY	STATEMENT I
ADMINISTRATIVE AND CLERICAL S	SERVICES	
TO FORM 990-T, PAGE 1		
FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
ADMINISTRATIVE AND CLERICAL SE	ERVICES	30,015.
TOTAL TO FORM 990-T, PAGE 1, I	INE 12	30,015
FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY	N/A	45,212,951.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	45,212,951
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION	•	AMOUNT
TAX RETURN PREP OFFICE EXPENSES		1,000. 4,626.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	5,626.

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED

FORM 990-T	CONTRIBUTIONS SUMMARY	<u> </u>	STATEMENT	5
QUALIFIED CONTRIBUTI	ONS SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR Y FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	YEARS UNUSED CONTRIBUTIONS			
TOTAL CARRYOVER TOTAL CURRENT YEAR 1	.0% CONTRIBUTIONS	45,212,951		
TOTAL CONTRIBUTIONS TAXABLE INCOME LIMIT		45,212,951 4,112		
EXCESS 10% CONTRIBUT EXCESS 100% CONTRIBUT TOTAL EXCESS CONTRIBUT	TIONS	45,208,839 0 45,208,839	_	
ALLOWABLE CONTRIBUTI	ONS DEDUCTION		4,	112
TOTAL CONTRIBUTION D	DEDUCTION		4,	112