Cand proxy tax under section 6033(e) 20 20 19	Department of the Treasury Internal Revenue Service A Check box if address changed B Exempt under section X 501(C
Department of the Treasury Internal Revenue Services A	Check box if address changed B Exempt under section X 501(C) 3) 408(e) 220(e) 408A 529(a) C Book value of all assets at end of year 6,291,370. H Enter the number of trade or business he first in the blank sp trade or business, the first in the tax year. I During the tax year. If "Yes," enter the residual content in the process of the content in the content in the process of the content in the c
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Check box if address changed address changed address changed and see instructions D Employeer Identification number (Employees trust, see instructions) D Employeer Identification number (Identification number (Identifica	address changed B Exempt under section X 501(C 1) 3) 408(e) 220(e 408A 530(a 529(a) C Book value of all assets at end of year 6,291,370. H Enter the number of trade or business he first in the blank specified or business, the trade or business, the properties of the trade of trade or business, the first in the blank specified or business, the properties of the trade or business of the trade or business, the properties of the trade or business of the trade or business, the properties of the trade or business, the properties of the trade or business, the properties of the trade or business of the trade or business, the properties of the trade or business, the properties of the trade or business of the trade or business, the properties of the trade or business of the trade or business, the properties of the trade or business of the trade of the trade or business
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X SO1 (C	X 501(C) 3) 408(e) 220(e 408A 530(a 529(a) C Book value of all assets at end of year 6,291,370. H Enter the number of trade or business he first in the blank sp trade or business, ti During the tax year If "Yes," enter the r
408(e) 220(e) 1	408(e) 220(e 408A 530(a 529(a) C Book value of all assets at end of year 6, 291, 370. H Enter the number of trade or business he first in the blank sp trade or business, ti During the tax year. If "Yes," enter the r
408(e) 220(e) Type 424 HAHLO STREET City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77020-3022 F Group exemption number (See instructions) ► 6, 291, 370. G Check organization type X S01(c) corporation S01(c) trust 401(a) trust Other trust Tru	408A 530(a 529(a) C Book value of all assets at end of year 6, 291, 370. H Enter the number of trade or business he first in the blank spurade or business, the first in the spurade or business.
408A	529(a) C Book value of all assets at end of year 6, 291, 370. H Enter the number of trade or business he first in the blank spurade or business, the first of business of trade or business. The first in the first in the spurade or business of trade or business. The first in the first in the blank spurade or business. The first in the first
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H Enter the number of the organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust trade or business here ▶ ATCH 1 If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X N If "Yes," enter the name and identifying number of the parent corporation ▶ Telephone number ▶ 713-343-5451 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales	H Enter the number of trade or business he first in the blank sp trade or business, the During the tax year. If "Yes," enter the results of the second of th
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trade or business here ▶ ATCH 1 If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X N If "Yes," enter the name and identifying number of the parent corporation ▶ J The books are in care of ▶ KATHLEEN O'SHAUGHNESSY Telephone number ▶ 713-343-5451 Part I Unrelated Trade or Business Income 1 a Gross receipts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7)	trade or business he first in the blank sp trade or business, the During the tax year If "Yes," enter the r
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trade or business, then complete Parts III-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	trade or business, the During the tax year If "Yes," enter the r
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	I During the tax year
If "Yes," enter the name and identifying number of the parent corporation J The books are in care of ▶KATHLEEN O'SHAUGHNESSY Telephone number ▶ 713-343-5451 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances C Cost of goods sold (Schedule A, line 7). Gross profit Subtract line 2 from line 1c. 4a Capital gain net income (attach Schedule D). b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). c Capital loss deduction for trusts. 5 Income (loss) from a partnership or an S corporation (attach statement). 5 Rent income (Schedule C). 6 Rent income (Schedule C). 7 Unrelated debt-financed income (Schedule F) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	If "Yes," enter the r
The books are in care of ▶KATHLEEN O'SHAUGHNESSY Part I Unrelated Trade or Business Income 1a Gross receipts or sales b Less returns and allowances c C Balance c Cost of goods sold (Schedule A, line 7). c Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). c Capital loss deduction for trusts tincome (loss) from a partnership or an S corporation (attach statement). f Rent income (Schedule C). f Interest, annuities, royalties, and rents from a controlled organization (Schedule F) linterest, annuities, royalties, and rents from a controlled organization (Schedule F) Telephone number ▶ 713-343-5451 (A) Income (B) Expenses (C) Net 4a 4b 4a 4b 4c 5 Income (loss) (Form 4797, Part II, line 17) (attach Form 4797). 5 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	J The books are in car
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b Less returns and allowances c Balance C Cost of goods sold (Schedule A, line 7). Gross profit Subtract line 2 from line 1c. Capital gain net income (attach Schedule D). b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). c Capital loss deduction for trusts. C Income (loss) from a partnership or an S corporation (attach statement). Rent income (Schedule C). Unrelated debt-financed income (Schedule E). Interest, annuities, royalties, and rents from a controlled organization (Schedule F).	Part I Unrelated
2 Cost of goods sold (Schedule A, line 7)	1a Gross receipts or
3 Gross profit Subtract line 2 from line 1c	b Less returns and allow
4a Capital gain net income (attach Schedule D)	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	1
c Capital loss deduction for trusts	
5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	
Rent income (Schedule C)	•
7 Unrelated debt-financed income (Schedule E)	
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	
10 Exploited exempt activity income (Schedule I)	
11 Advertising income (Schedule J)	
12 Other Income (See Instructions, attach schedule) 12	•
13 Total. Combine lines 3 through 12	13 Total. Combine
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly	Part II Deduction
connected with the unrelated business income)	
14 Compensation of officers, directors, and trustees (Schedule K)	
15 Salaries and wages	
16 Repairs and maintenance	
17 Bad debts	
Interest (attach schedule) (see instructions) Internal Revenue Service	18 Interest (attach s
19 Taxes and licenses	19 laxes and license
20 Depreciation (attach Form 4562)	20 Depreciation (att
21 Less depreciation claimed on Schedule A and elsewhere on return	22 Denletion
Depletion	23 Contributions to
24 Employee benefit programs	24 Employee benef
25 Excess exempt expenses (Schedule I)	
26 Excess readership costs (Schedule J)	25 Excess exempt/ê
27 Other deductions (attach schedule) 27	25 Excess exempt ê26 Excess readershi
28 Total deductions. Add lines 14 through 27	26 Excess readershi
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	26 Excess readershi 27 Other deductions
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30	26 Excess readershi27 Other deductions28 Total deductions
/31 Unrelated business taxable income Subtract line 30 from line 29	26 Excess readershi 27 Other deductions 28 Total deductions 29 Unrelated busine 30 Deduction for ne

34	Charitable contributions (see instructions for limitation rules)	34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
	34 from the sum of lines 32 and 33	35			0.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)				
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35				
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	_38_		1,	000.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line $\overline{37}$,				
	enter the smaller of zero or line 37	39			0.
Par	t IV Tax Computation	-,			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on				
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)				
42	Proxy tax. See instructions				
43	Alternative minimum tax (trusts only)				
44	Tax on Noncompliant Facility Income. See instructions				
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
	Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	4			
	Other credits (see instructions)	4			
	General business credit Attach Form 3800 (see instructions)	_			
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 46a through 46d	46e			
47	Subtract line 46e from line 45				
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				
49	Total tax. Add lines 47 and 48 (see instructions)	49			0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Payments A 2018 overpayment credited to 2019				
	2019 estimated tax payments	4			
	Tax deposited with Form 8868	4			
	Foreign organizations Tax paid or withheld at source (see instructions)	4			
е	Backup withholding (see instructions)	4			
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	4			
g	Other credits, adjustments, and payments Form 2439 Other Total 51g				
	Form 4136 Other Total ▶ 51g	_			
52	Total payments. Add lines 51a through 51g	52			_
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached				
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed				
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
56	Enter the amount of line 55 you want				
Par	Statements Regarding Certain Activities and Other Information (see instruction		<u> </u>		1
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreig	n country		نسيا
	here >				X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trus	st?		X
	If "Yes," see instructions for other forms the organization may have to file				
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			<u> </u>	<u> </u>
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, confect and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of i	ny knowledge	and bel	nef, it is
Sigr			IRS discuss		
Here			preparer sh		_
	Signature of officer Date Title	ee instruc	tions) (X Y	es	No

РΠΝ Print/Type preparer's name Preparer's signature Date Check Paid JEANETTE VERRELLI P00742631 self-employed Preparer Firm's EIN ▶ 44-0160260 Firm's name ► BKD, LLP **Use Only** Phone no 972-702-8262 Firm's address ▶ 14241 DALLAS PARKWAY, SUITE 1100, DALLAS, TX 75254

Form **990-T** (2019)

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Dana	
rauc	

Schedule A - Cost of G	oods Sold. En	ter method	d of invent	ory v	aluation			-				age e
1 Inventory at beginning of							end of yea	ar	6			
2 Purchases	· -							ld. Subtract line				
3 Cost of labor	· · · · · · · · · · · · · · · · · · ·				6 from	line	5 Enter	here and in Part				
4a Additional section 263A c	osts				I, line 2				7			
(attach schedule)	4a			8	Do the	rui	es of	section 263A (w	rith re	spect to	Yes	No
b Other costs (attach schedu					property	pr	oduced	or acquired for	resal	e) apply		
5 Total. Add lines 1 through	4b - 5							<u></u>				Х
Schedule C - Rent Incom	e (From Real P	roperty a	nd Perso	nal F	ropert	y Le	eased V	Vith Real Proper	rty)			
(see instructions)												
Description of property								<u> </u>				
(1)												
(2)												
(3)					_					_		
(4)								1		-		
	2. Rent recei	ved or accru	ed					-				
(a) From personal property (if the for personal property is more th more than 50%	han 10% but not	percent	rom real and age of rent for r if the rent is	or perso	onal prope	rty ex	ceeds	3(a) Deductions di in columns 2(ome
(1)												
(2)			-									
(3)												
(4)												
Total		Total						(h) Takal dadwaka				
(c) Total income. Add totals of chere and on page 1, Part I, line 6	• • • •	-						(b) Total deduction Enter here and on Part I, line 6, colur	page 1			
Schedule E - Unrelated D			e instruct	tions)								
1 Description of de	ht-financed property			Gross income from or ocable to debt-financed			debt-fina		connected with or allocable to need property			
			property		┸	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)				
(1)		_				_						
(2)						4						
(3)			ļ			_						
(4)	·		ļ			_						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5. Average adju- of or alloca debt-financed (attach sche	ble to property	le to 6. roperty 4		nn ed n 5			income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))			
(1)					q	%						
(2)					9	%						
(3)					q	%					_	
(4)					g	%						
								re and on page 1, ne 7, column (A)		r here and o		
Totals				 <u></u> .)							

Form **990-T** (2019)

JSA

Page 4

Schedule F - Interest, Ann	uides, itoyaide			ntrolled Or			auono (instructi	10113)	
Name of controlled organization	2. Employer identification numb	Jei I		ated income instructions)	4. Total payme	of specr	fied includ	t of column 4 to ed in the contra ation's gross in	olling	6 Deductions directly connected with income in column 5
(1)										
(2)					ļ					
(3)										
(4)			_							L
Nonexempt Controlled Organiz	zations					40	Ded desler	2.04		-
7. Taxable Income	8. Net unrelated ii (loss) (see instruc			otal of specifi ayments made		10 Part of column 9 that is included in the controlling organization's gross income			Deductions directly nected with income in column 10	
(1)										
(2)			_						ļ	
(3)									-	
(4)							d columns :	* 4.0		dd columns 6 and 11
Totals	come of a Sec		· · · · •)(7),			Pa		structions)		ter here and on page 1, int I, line 8, column (B)
1 Description of income	2. Amount of	f income		directly cor (attach sch	nnected			Set-asides ch schedule)		and set-asides (col 3 plus col 4)
(1)			 							
(2)			-	-						
(3)	<u> </u>		├			_				
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	column (A)	er Tha	an Advert	ising In	come	(see inst	ructions)		Enter here and on page 1 Part I, line 9, column (8)
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 unrelat or business 2 minus co If a gain, c cols 5 thro	led trade (column lumn 3) ompute			ivity that attributat		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)			-					<u> </u>		
(3)								 		
(4)								7		
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	ntl, ∣			•		-		Enter here and on page 1, Part II, line 25
Schedule J- Advertising In	come (see instr	uctions)								<u> </u>
Part I Income From Peri			nsoli	dated Bas	sis					
Name of periodical	2 Gross advertising income	3 Direct advertising o	t	4 Advertigain or (los 2 minus co a gain, co	Advertising or (loss) (col inus col 3) If ain, compute 5 through 7					7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								 	-	
(2)			-	·				 		<u> </u>
(3)								1		
(4)								1		†
Totals (carry to Part II, line (5))										5 990 T (2010

Form **990-1** (2019)

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)				2		_
(4)						
Totals from Part I ▶		-		<u></u>		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			i	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						<u> </u>

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 (2019)