	NAV. CLERGARAGE	グランデーフ
C	>	
	7	
	3	
=	5	

u Earm	990-T	Ex	empt Organization	Bus	iness Income der section 6033(	Tax Retur	n	омв и	0 1545-0687
FOIII		Eor cale	dilid proxy tax ndar year 2018 or other tax year begin		•	• •	,	9)	<b>n10</b>
D	tenant of the Tenant.	roi calei	► Go to www.irs.gov/Form990				<b>"</b> —		<b>9 10</b>
	ment of the Treasury	<b>▶</b> Do	not enter SSN numbers on this form a				(3)	Open to Pt 501(c)(3) (	iblic Inspection for organizations Only
A	Check box if address changed		Name of organization ( Check bo	ox If nar	ne changed and see instruction	s)			ation number
B Exe	empt under section		DALLAS MARGARITA SO	CIET	Y, INC.				
	501( C ) D3	Print	Number, street, and room or suite no		<u> </u>		75-1	610414	
Н	408(e) 220(e)	or							ss activity code
П	408A 530(a)	Туре	15707C COIT ROAD			152	(See i	nstructions )	
	529(a)	1	City or town, state or province, country	y, and Z	IP or foreign postal code				
	ok value of all assets		DALLAS, TX 75248						
ale	end of year		up exemption number (See instructi				1		
			ck organization type   X 501				401(a)		Other trust
		_	nization's unrelated trades or busine	sses				y (or first) ur	
	ade or business her			1-4-		complete Parts I-		-	describe the
			end of the previous sentence, cor	npiete	Parts I and II, complete a S	chedule ivi for ead	in additio	nai	
_	ade or business, the		corporation a subsidiary in an affili	ated a	roup or a parent-euberdiany	controlled group?			Yes X No
	•		identifying number of the parent co			zontrolled group*	,		۱۳۵ کے ۱۸۵
	ne books are in care			poratio	Telephon	e number ▶ 46	9-878	-5965	
			or Business Income		(A) Income	(B) Expen		_	(C) Net
	Gross receipts or								
	Less returns and allowa		c Balance ▶	1c					
2	Cost of goods sol	Id (Sched	ule A, line 7)	2		•	•		
3	Gross profit Sub	tract line	2 from line 1c	3					
4a	Capital gain net ii	ncome (a	ittach Schedule D)	4a			· ·		_
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b					
С	Capital loss dedu	ction for t	rusts	4c	- B. C. C.	NED-	<u> </u>	<u> </u>	
5			r an S corporation (attach statement)	5	RECE		1	<u> </u>	
6				6		Q 2019		<del> </del>	<del></del>
7			come (Schedule E)	7	10 NOV 1	G CVIV	<u> </u>		
8			ents from a controlled organization (Schedule F)		181		-	<del> </del>	
9 10			1(c)(7), (9), or (17) organization (Schedule G) ncome (Schedule I)	9 10	OGD	EN, UT	<del></del>	<del>                                     </del>	
11			dule J)	11	0.50	-1 (1)		1	<del></del>
12	-		ctions, attach schedule)	12					
13	•		ough 12	13	0.			-	
	t II Deduction	ns Not	Taken Elsewhere (See instr	uctio	ns for limitations on o	leductions ) (E	xcept	for contri	outions,
			be directly connected with t						
14	Compensation of	officers,	directors, and trustees (Schedule K)				14		
15									
16								<b>_</b>	
17									
18	•		(see instructions)						
19								-+	·
20			See instructions for limitation rules)				20		
21			4562)				 22t		
22	•								
23 24			compensation plans						
25	-		S						
26			Schedule I)						
27	-		chedule J)						
28			schedule)						
29			s 14 through 28						
30			ole income before net operating						
31			ig loss arising in tax years beginnir					<u> </u>	
32	Unrelated busine	ss taxabl	e income Subtract line 31 from line	30 .	<u> </u>	<u> </u>	32		

Form	990-T (2018)			P	Page 2
Pai	rt III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33			
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions),	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,0	000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	38			0.
Pa	rt IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions				
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions			-	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				
	rt V Tax and Payments	1 77 1			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	П			
	O Other credits (see instructions)	1			
D	General business credit Attach Form 3800 (see instructions)	1			
C	General business credit Attach Form 3000 (see instructions)	1			
a	Credit for prior year minimum tax (attach Form 8801 or 8827)	45e			
_	Subtract line 45e from line 44	46			
46	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule)	-			
47					Õ.
48	Total tax. Add lines 46 and 47 (see instructions)				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	43			
	Payments A 2017 overpayment credited to 2018	1			
þ	2018 estimated tax payments	1 1			
С		- 1			
d	Foreign organizations Tax paid or withheld at source (see instructions)	4 1			
е		-			
f		-			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ <b>50g</b>	┥ ╽			
51	Total payments. Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached ▶ □	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want				
	rt VI Statements Regarding Certain Activities and Other Information (see instruction		- Authoriti	Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of			162	140
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign	country	H	v
	here		<del></del> }		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trus	t <sup>7</sup>		
	If "Yes," see instructions for other forms the organization may have to file				
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the	hest of -	ny knowledge s	ind bet	ef. it is
۵.	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	-031 01 11	., miomicuyo a	5611	, 18
Sig	M		IRS discuss		
Hei			preparer sho		7
		$\top$	PTIN	<u> </u>	No
Paid	Chec		f   D007	1262	.1
	parer PRO 112	employed	44-0160		
,	·  Firm's name   DKD, DDF //	s EIN ►	72-702-8		
	TOTAL LEGISLA AND NOTICE DALLAS PARKWAY, SHITE 1100, DALLAS, TX /5254 Lobor	eno 9	12-102-8	202	

Form 990-T (2018)

%

%

%

Enter here and on page 1, Part I, line 7, column (A)

Form	9	9	0	-T	(20	1	8

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

Scriedule F-Interest, Aim	uluco, itoyuluco	<del></del>	pt Controlled O			2010 (000		,	
Name of controlled organization	Employer     identification numb	er 3 Ne	t unrelated income ) (see instructions)	4. Total	of specific	5 Part of column 4 that is included in the controlling organization's gross incom		lling	6 Deductions directly connected with income in column 5
(1)									
(2)									
(3)			-	<u> </u>					
(4)							•		
Nonexempt Controlled Organi	zations	•							
7. Taxable Income	8. Net unrelated in (loss) (see instruc		s total of specified (in		ınclu				. Deductions directly nected with income in column 10
(1)									
(2)				-					
(3)									
(4)	-		-					•	
Totals	ncome of a Sec			▶ 7) Orga	Part	r here and on it, line 8, colui	mn (A)		er here and on page 1, t 1, line 8, column (B)
1 Description of income	2. Amount of		3. Ded directly c (attach s	uctions onnected		4. Se	t-asides schedule)	asides 5 Total dedu	
(1)									
(2)									
(3)									
(4)				_		•			
Totals ▶ Schedule I-Exploited Ex	Enter here and Part I, line 9, c	olumn (A)	er Than Adve	tising Ir	ncome	(see instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly connected production unrelated business income.	es 4 Net inc from unre or busines 2 minus c d If a gain,	ome (loss) ated trade is (column column 3) compute	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)		<u></u>							
(3)									
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rtl,		I <u>.</u>	;			Enter here and on page 1, Part II, line 26
Schedule J-Advertising I	ncome (see instr		nsolidated B	asis					
1 Name of periodical	2 Gross advertising	3. Direct	4 Adv	ertising .		irculation	6. Reade	•	7. Excess readership costs (column 6 minus column 5, but
	income		a gain, cols 5 th	-					not more than column 4)
(1)	<del>                                     </del>				<u> </u>		1		
(2)	<del> </del>				<del> </del>				-
(3)				•			<del> </del>		$\dashv$
(4)	<del>-   · · · · </del>		<u> </u>	<del></del>	<del>                                     </del>				+
Totals (carry to Part II, line (5))									Form <b>990-T</b> (2018

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.)

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)						<u> </u>
(2)				-		
(3)				;		
(4)						_
Totals from Part I ▶			]			
	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)						

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
)		%	
?)		%	
3)	-	%	
4)		. %	•
otal. Enter here and on page 1, Part II, line 14.			

Form 990-T (2018)

## ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.