Départment of the Treasur Internal Revenue Service

Return of Organization Exempt From Income Tax (

▶ Go to www irs gov/Form990 for instructions and the latest information

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation Do not enter social security numbers on this form as it may be made public

OMB No 1545-0047 2017

Open to Public

Inspection 91,378 X No 6

X Yes No

Form 990 (2017)

For the 2017 calendar year, or tax year beginning 04/01/17, and ending 03/31/18C Name of organization R PHILIP SCHOOL ENDOWMENT D Employer identification number Check if applicable FUND CHARITABLE TRUST Address change Doing business as 74-2057215 Name change Number and street (or P O box if mail is not delivered to street address) 304 W. CHURCH 979-543-6836 X Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated EL CAMPO TX 77437 G Gross receipts S Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending DAVID ZALMAN 304 W. CHURCH ST. EL CAMPO TX 77437 If "No," attach a list (see instructions) 501(c)(3) 501(c) Tax-exempt status N/A Website > H(c) Group exemption number X Corporation Year of formation 1979 Form of organization Trust Association Other > M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities THE ST. PHILIP SCHOOL ENDOWMENT IS AN ORGANIZATION THAT EXISTS TO PROVIDE Governance AID FOR THE MAINTENANCE, SUPPORT, IMPROVEMENT AND OVERALL BETTERMENT OF ST. PHILIP THE APOSTLE CATHOLIC SCHOOL IN EL CAMPO, TEXAS. 2 Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 Activities & 4 Number of independent voting members of the governing body (Part VI, line B) ECEIV 8 4 SO-S 0 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 NOV 1 3 2018 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T. line 34 7b <del>OGDEN. U</del> Prior Year **Current Year** 355 ,535 8 Contributions and grants (Part VIII, line 1h) SCANNED DEC 1977018 9 Program service revenue (Part VIII, line 2g) 57,390 62,473 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,370 26,606 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 91,351 89,378 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 60,709 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 56,665 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,927 1,650 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 77,636 58,315 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 13,715 31,063 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,606,694 1,637, 757 O 21 Total liabilities (Part X, line 26) 606,694 637 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign LAWRENCE HOELSCHER TRUSTEE Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid KEVIN CADENHEAD KEVIN CADENHEAD 11/05/18 self-employe P00957773 Preparer KENNEMER MASTERS & LUNSFORD 42-1655494 Firm's name Firm's EIN ▶ **Use Only** 201 W. WEBB ST EL CAMPO, TX 979-543-6836 77437

| orm 990 (2017)  | ST. PHILIP SCHOO                                     | L ENDOWMENT                              | 74-2057215   | Page <b>2</b> |
|-----------------|--|--|--|---------------|
| •               | Statement of Program Serv                            | •  | · · · · · · · · · · · · · · · · · · ·  | ,             |
|                 | Check if Schedule O contains                         | s a response or note to any line         | in this Part III   |               |
| THE ST.         | THE MAINTENANCE,                                     |  | NIZATION THAT EXIST<br>ENT AND OVERALL BET<br>AMPO, TEXAS.                         |               |
| 2 Did the orga  | anization undertake any significant i                | program services during the year which   | were not listed on the   |               |
| prior Form 9    | 990 or 990-EZ?<br>scribe these new services on Scheo | ,  | were not used on the   | Yes X No      |
|                 |  | e significant changes in how it conducts | s, any program   |               |
| services?       | •  |  | , ,, ,   | Yes X No      |
|                 | scribe these changes on Schedule                     |  |  |               |
| expenses S      |  | anizations are required to report the am | gest program services, as measured by nount of grants and allocations to others    |               |
| PHILIP          | THE APOSTLE CATHO                                    |  | 56,665 ) (Revenue<br>AND PROVIDES FUNDS<br>AMPO, TEXAS WITH MA<br>I OF THE SCHOOL. | TO ASSIST ST. |
| 4b (Code        | ) (Expenses \$                                       | including grants of \$                   | ) (Revenue   | \$ )          |
|                 |  |  |  |               |
| 4c (Code        | )(Expenses \$  | including grants of \$                   | ) (Revenue   | \$ )          |
| 4d Other progra | am services (Describe in Schedule                    | 0)                                       |  |               |
| (Expenses       |  | uding grants of \$                       | ) (Revenue \$  | )             |
| 4e Total progra | im service expenses >                                | <u>57,715</u>                            |  |               |

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### Part IV Checklist of Required Schedules

|     |   |          | Yes      | No            |
|-----|---|----------|----------|---------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   |          |          |               |
|     | complete Schedule A   | 1        | Х        |               |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2        |          | <u>X</u> _    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  | ·        |          |               |
|     | candidates for public office? If "Yes," complete Schedule C, Part I   | 3        |          | <u>X</u>      |
| 4   | Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h)  |          |          | 37            |
| _   | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | _4_      |          | <u>X</u>      |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  |          |          |               |
|     | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,   | ا ـ ا    |          | x             |
| 6   | Part III  | 5        |          |               |
| 0   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If |          |          |               |
|     | "Yes," complete Schedule D, Part I  | 6        |          | х             |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | ۰        |          | <del></del>   |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7        |          | X             |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>  | <u> </u> |          |               |
| •   | complete Schedule D, Part III   | 8        |          | X             |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a   |          |          |               |
|     | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or  |          |          |               |
|     | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9        |          | X             |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted   |          |          |               |
|     | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10       | X        |               |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,  |          |          |               |
|     | VII, VIII, IX, or X as applicable   |          |          |               |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"  |          |          |               |
|     | complete Schedule D, Part VI  | 11a      |          | <u>X</u>      |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more  |          |          |               |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b      |          | <u> </u>      |
| С   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more   |          |          |               |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c      |          | <u>X</u>      |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets  |          | ŀ        | **            |
|     | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d      |          | $\frac{x}{x}$ |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e      |          | <u> </u>      |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |          |          | v             |
| 42- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f      |          | <u> </u>      |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 120      |          | x             |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If  | 12a      |          |               |
| IJ  | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b      | ]        | х             |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13       |          | <u>x</u>      |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a      |          | X             |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  |          |          |               |
| _   | fundraising, business, investment, and program service activities outside the United States, or aggregate   |          |          |               |
|     | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b      | l        | X             |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or   |          |          |               |
|     | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15       |          | X             |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  |          |          |               |
|     | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16       |          | X             |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on  |          |          |               |
|     | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17       |          | X             |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   |          |          |               |
|     | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18       | Х        |               |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  |          |          |               |
|     | If "Yes," complete Schedule G, Part III   | 19       | 1        | X             |
|     |   | Eor      | <u> </u> | (2017)        |

# Part IV Checklist of Required Schedules (continued)

|     |  |      | Yes         | No       |
|-----|--|------|-------------|----------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                      | 20a  |             | X        |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?     | 20b  |             |          |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or      | ļ    |             |          |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                | 21   | X           |          |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on    |      |             |          |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                      | 22   |             | X        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the              |      |             |          |
|     | organization's current and former officers, directors, trustees, key employees, and highest compensated          |      |             |          |
|     | employees? If "Yes," complete Schedule J   | 23   |             | <u> </u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than              |      |             |          |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b    |      |             |          |
|     | through 24d and complete Schedule K- If "No," go to line 25a   | 24a  |             | _X_      |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                | 24b  |             |          |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year        | 1    |             |          |
|     | to defease any tax-exempt bonds?   | 24c  |             |          |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?          | 24d  |             |          |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit     |      |             |          |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                    | 25a  |             | X        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior |      |             |          |
|     | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?     |      |             |          |
|     | If "Yes," complete Schedule L, Part I  | 25b  |             | <u> </u> |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any       |      |             |          |
|     | current or former officers, directors, trustees, key employees, highest compensated employees, or                |      |             |          |
|     | disqualified persons? If "Yes," complete Schedule L, Part II   | 26   |             | _X_      |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,         |      |             |          |
|     | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled          |      |             |          |
|     | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                         | 27   |             | _X_      |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L,        |      |             |          |
|     | Part IV instructions for applicable filing thresholds, conditions, and exceptions)                               |      |             |          |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV          | 28a  |             | _X_      |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete           |      |             |          |
|     | Schedule L, Part IV  | 28b  |             | <u> </u> |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |      |             |          |
|     | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV           | 28c  |             | <u>X</u> |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M         | 29   |             | X        |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |      |             |          |
|     | conservation contributions? If "Yes," complete Schedule M  | 30   |             | <u> </u> |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,      |      |             |          |
|     | Part I   | 31   |             | <u> </u> |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"          |      |             |          |
|     | complete Schedule N, Part II   | 32   |             | <u> </u> |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations       |      | l           |          |
|     | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | _ 33 |             | <u>X</u> |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   |      |             |          |
|     | or IV, and Part V, line 1  | 34   |             | <u>X</u> |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                          | 35a  |             | X        |
| þ   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a          |      | l           |          |
|     | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2        | 35b  |             |          |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable             |      |             |          |
|     | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36   |             | X        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization |      |             |          |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,             |      | 1           |          |
|     | Part VI  | 37   |             | <u> </u> |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and       |      |             |          |
|     | 19? Note All Form 990 filers are required to complete Schedule O   | 38   | _X<br>_ 990 |          |

| Pa      | art V Statements Regarding Other IRS Filings and Tax Compliance  |          |     |             |
|---------|--|----------|-----|-------------|
|         | Check if Schedule O contains a response or note to any line in this Part V   |          |     | <u> </u>    |
|         |  |          | Yes | No          |
| 1a      | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 0  |          |     |             |
| b       | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0   |          |     |             |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and   |          |     |             |
| _       | reportable gaming (gambling) winnings to prize winners?  | 1c       |     | X           |
| 2a      |  |          |     | ĺ           |
| L       | Statements, filed for the calendar year ending with or within the year covered by this return  2a 0  |          |     |             |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       |     |             |
| 2.      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |          |     | x           |
| 3a<br>b | Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3a       |     |             |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority  | 3b_      |     |             |
| 74      | over, a financial account in a foreign country (such as a bank account, securities account, or other financial   |          |     |             |
|         | account)?  | 4a       |     | х           |
| b       | · · · · · · · · · · · · · · · · · · ·  | 74       |     | <del></del> |
| -       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  |          |     |             |
|         | (FBAR)   |          |     |             |
| 5a      |  | 5a       |     | x           |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | X           |
| С       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |     |             |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |          |     |             |
|         | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a       |     | X           |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |          |     | [           |
|         | gifts were not tax deductible?   | _6b      |     |             |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |          |     |             |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  |          |     |             |
|         | and services provided to the payor?  | 7a       |     |             |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |     |             |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | _        |     |             |
|         | required to file Form 8282?  | 7c       |     |             |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                         | ,        |     |             |
| e<br>f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7e       |     |             |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7f       | -   |             |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7g<br>7h |     |             |
| 8       | Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the   | 111      |     |             |
|         | sponsoring organization have excess business holdings at any time during the year?   | 8        |     | ı           |
| 9       | Sponsoring organizations maintaining donor advised funds.  |          | -   |             |
| а       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |     |             |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b       |     |             |
| 10      | Section 501(c)(7) organizations Enter  |          |     |             |
| а       | Initiation fees and capital contributions included on Part VIII, line 12   |          |     |             |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b   |          |     |             |
| 11      | Section 501(c)(12) organizations Enter   |          |     |             |
| а       | Gross income from members or shareholders  |          | İ   |             |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources   |          |     |             |
|         | against amounts due or received from them )  |          |     |             |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041?  | 12a      |     |             |
| b<br>12 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 504(a)(20) qualified papers to be alth incurance yearers.   |          |     |             |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers  | 425      |     |             |
| а       | Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O                     | 13a      |     |             |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which   |          |     |             |
| ~       | the organization is licensed to issue qualified health plans   |          |     |             |
| С       | Enter the amount of reserves on hand   |          |     |             |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      | i   | Х           |
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b      |     |             |

| Form       | 1990 (2017) ST. PHILIP SCHOOL ENDOWMENT 74-2057215  |             | Р      | age <b>6</b> |
|------------|---|-------------|--------|--------------|
| Pa         | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,                                   | and for a " |        |              |
|            | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O                              | See instr   | uction | าร           |
|            | Check if Schedule O contains a response or note to any line in this Part VI   |             |        | _X_          |
| <u>Sec</u> | tion A. Governing Body and Management   |             |        |              |
|            |   |             | Yes    | No           |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year 1a 8  |             |        |              |
|            | If there are material differences in voting rights among members of the governing body, or  |             |        |              |
|            | if the governing body delegated broad authority to an executive committee or similar  |             |        |              |
|            | committee, explain in Schedule O  |             |        |              |
| þ          | Enter the number of voting members included in line 1a, above, who are independent 1b 8   |             |        |              |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                      |             |        |              |
|            | any other officer, director, trustee, or key employee?  | 2           |        | _X_          |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct                           |             |        |              |
|            | supervision of officers, directors, or trustees, or key employees to a management company or other person?                          | 3           |        | X            |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4           |        | X            |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5           |        | X            |
| 6          | Did the organization have members or stockholders?  | 6           |        | X            |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or appoint                             |             |        |              |
|            | one or more members of the governing body?  | 7a          |        | _X_          |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members,                                   |             | 1      |              |
|            | stockholders, or persons other than the governing body?   | 7b          |        | X            |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following    |             |        |              |
| а          | The governing body?   | 8a          | X      |              |
| b          | Each committee with authority to act on behalf of the governing body?   | 8b          | Х      |              |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                    |             | ł      |              |
|            | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9           |        | _X_          |
| Sec        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue (                         | Code )      |        |              |
|            |   |             | Yes    | No           |
| 10a        | Did the organization have local chapters, branches, or affiliates?  | 10a         |        | <u>X</u>     |
| b          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,                      |             |        |              |
|            | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                         | 10b         |        |              |
| 11a        | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a         | X      |              |
| b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990  |             |        |              |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a         | X      |              |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b         |        | _X_          |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                           |             |        |              |
|            | describe in Schedule O how this was done  | 12c         |        | <u>X</u>     |
| 13         | Did the organization have a written whistleblower policy?   | 13          |        | X            |
| 14         | Did the organization have a written document retention and destruction policy?  | 14          |        | X            |
| 15         | Did the process for determining compensation of the following persons include a review and approval by                              |             |        |              |
|            | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                       |             |        |              |
| а          | The organization's CEO, Executive Director, or top management official  | 15a         |        | X            |
| b          | Other officers or key employees of the organization   | 15b         |        | X            |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |             |        |              |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement                      |             |        |              |
|            | with a taxable entity during the year?  | 16a         |        | X            |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its                      |             |        |              |
|            | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the                       |             |        |              |
|            | organization's exempt status with respect to such arrangements?   | 16b         |        |              |
| Sec        | tion C. Disclosure  |             | •      |              |
| 17         | List the states with which a copy of this Form 990 is required to be filed ▶ NONE   |             | •      |              |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)      |             |        |              |
|            | available for public inspection. Indicate how you made these available. Check all that apply  |             |        |              |
|            | Own website Another's website X Upon request Other (explain in Schedule O)  |             |        |              |
| 19         | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     |             |        |              |
|            | financial statements available to the public during the tax year  |             |        |              |
| 20         | State the name, address, and telephone number of the person who possesses the organization's books and records                      |             |        |              |
|            | MES BOULIGNY 304 W. CHURCH  |             |        |              |
|            |   | 79-54       | 3-68   | 836          |

| Form 990 (2017) | ST. | PHILIP | SCHOOL | ENDOWMENT |
|-----------------|-----|--------|--------|-----------|
|-----------------|-----|--------|--------|-----------|

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| Part VII | Compensation of Officers | Directors, Trustees | , Key Employees | Highest Compensated Employees | , and |
|----------|--------------------------|---------------------|-----------------|-------------------------------|-------|
|          | Independent Contractors  |                     |                 |                               |       |

Check if Schedule O contains a response or note to any line in this Part VII

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title    | (B) Average hours per week (list any hours for    | bc<br>of                          | x, uni                | Pos<br>check<br>ess pe<br>and a c | erson        | than o                       | an<br>ee) | (D)  Reportable compensation from the organization | (E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|--------------------------|---|-----------------------------------|-----------------------|-----------------------------------|--------------|------------------------------|-----------|--|---|---|
|                          | related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer                           | Key employee | Highest compensated employee | Former    | (W-2/1099-MISC)                                    | (V-2) (USS-MIGG)  | organization<br>and related<br>organizations        |
| (1) DAVID ZALMAN         |   |                                   |                       |                                   |              |                              |           |  |   |   |
|                          | 1.00  |                                   |                       |                                   |              |                              |           |  |   |   |
| TRUSTEE                  | 0.00  | X                                 |                       | <u> </u>                          |              |                              |           | 0  | 0   | 0   |
| (2) DONALD SUTTON        | 1 00  |                                   |                       |                                   |              |                              |           |  |   |   |
| morroman                 | 1.00  | ,,                                |                       |                                   |              |                              |           |  | _   |   |
| TRUSTEE (3) KIM SOCHA    | 0.00  | X                                 |                       | _                                 |              |                              |           | 0  | 0   | <u> </u>  |
| (3) KIM SOCHA            | 1.00  |                                   |                       |                                   |              |                              |           |  |   |   |
| TRUSTEE                  | 0.00  | x                                 |                       |                                   |              |                              |           | o  | o   | 0   |
| (4) REV. MICHAEL ROT     |   | ^                                 |                       | $\vdash$                          |              | 1 1                          |           |  |   |   |
| (+)1                     | 1.00  | Ì                                 |                       |                                   |              |                              |           |  |   |   |
| TRUSTEE                  | 0.00  | x                                 |                       |                                   |              |                              |           | 0  | 0   | 0   |
| (5) LAWRENCE HOELSCH     |   |                                   |                       |                                   |              |                              |           |  |   |   |
|                          | 1.00  |                                   |                       |                                   |              |                              |           |  |   |   |
| TRUSTEE                  | 0.00  | X                                 |                       |                                   |              |                              |           | 0  | 0   | 0   |
| (6) GLORIA MAREK         |   |                                   |                       |                                   |              |                              |           |  |   |   |
|                          | 1.00  |                                   |                       |                                   |              |                              |           |  |   |   |
| TRUSTEE                  | 0.00  | X                                 | _                     |                                   |              |                              |           | 0  | 0   | 0   |
| (7) JAMES BOULIGNY       | 1 00  |                                   |                       |                                   |              |                              |           |  |   |   |
|                          | 1.00  | ,,                                |                       |                                   |              |                              |           |  |   | •   |
| TRUSTEE (8) LINDA BOLCIK | 0.00  | X                                 |                       |                                   |              |                              |           | 0  | 0   | 0   |
| (8) LINDA BOLCIA         | 1.00  |                                   |                       |                                   |              |                              |           |  |   |   |
| TRUSTEE                  | 0.00  | x                                 |                       |                                   |              |                              |           | 0  | 0   | 0   |
| (9)                      | 0.00  |                                   |                       |                                   |              |                              |           |  |   |   |
|                          |   |                                   |                       |                                   |              |                              |           |  |   |   |
| (10)                     |   |                                   |                       |                                   |              |                              |           |  |   |   |
| (11)                     |   |                                   |                       |                                   |              |                              | _         |  |   |   |
| DAA                      |   |                                   |                       |                                   |              |                              |           |  |   | 5 990 (2007)  |

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|--------|

| (A) ' 'Name and title                                | (B)<br>Average<br>hours per<br>week<br>(list any               | bo                             | x, unl                | ess pe         | ilion<br>more<br>rson i | than o                       | an             | (D) Reportable compensation from the                         | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |  | of               |  |  |
|--|--|--------------------------------|-----------------------|----------------|-------------------------|------------------------------|----------------|--|--|---|--|------------------|--|--|
|  | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional trustee | Officer        | Key employee            | Highest compensated employee | Former         | organization<br>(W-2/1099-MISC)                              | (W-2/1099-MISC)  | or <u>į</u><br>ar                                   | organization<br>and related<br>organizations |                  |  |  |
|  |  |                                |                       |                |                         |                              |                |  |  |   |  |                  |  |  |
|  | -  |                                |                       |                |                         |                              |                |  |  |   |  |                  |  |  |
|  |  |                                |                       |                |                         |                              |                |  |  |   |  |                  |  |  |
|  |  |                                |                       |                |                         |                              |                |  |  |   |  | <del>.</del>     |  |  |
|  |  |                                |                       |                |                         |                              |                |  |  |   |  |                  |  |  |
|  |  |                                |                       |                |                         |                              |                |  |  |   |  |                  |  |  |
|  |  |                                |                       |                |                         |                              |                |  |  |   |  |                  |  |  |
| 1b Sub-total   |  |                                | <u> </u>              |                |                         |                              | <b>&gt;</b>    |  |  |   |  |                  |  |  |
| d Total (add lines 1b and 2 Total number of individu | d 1c)  |                                |                       |                | ıstar                   | l abo                        | ►<br>►<br>Ve): | who received more than \$10                                  | 20.000 of  |   |  |                  |  |  |
| reportable compensation                              |  |                                |                       |                |                         |                              | -              | who received more than \$10                                  |  |   | <u> </u>                                     | Yes No           |  |  |
| employee on line 1a? If 4 For any individual listed  | "Yes," complete Sched<br>on line 1a, is the sum of             | <i>ule J</i><br>of rep         | <i>for s</i><br>ortab | uch i<br>le co | ndıvı<br>mpe            | dual<br>ensati               | on a           | ee, or highest compensated                                   |  |   | 3  | x                |  |  |
| individual 5 Did any person listed on                | line 1a receive or acci  | ue co                          | mpe                   | nsatı          | on fr                   | rom a                        | iny ι          | nplete Schedule J for such unrelated organization or inc     | dividual   |   | 4  | <u> </u>         |  |  |
| for services rendered to Section B. Independent Cor  | ntractors  |                                |                       |                |                         |                              |                |  |  |   | 5  | <u> </u>         |  |  |
| compensation from the                                | organization Report co   |                                |                       |                |                         |                              |                | tors that received more that<br>year ending with or within t | he organization's tax year                             | <del></del>   |  | 10:              |  |  |
|  | (A)<br>Name and business address                               |                                |                       |                |                         |                              |                | Descript   | (B)<br>tion of services                                | .   | Comp   | (C)<br>pensation |  |  |
|  |  |                                |                       |                |                         |                              |                |  | <del></del>  |   |  |                  |  |  |
|  |  |                                |                       |                |                         |                              |                |  |  |   |  |                  |  |  |
|  |  |                                |                       |                |                         |                              |                |  |  |   |  |                  |  |  |
| 2 Total number of indeper received more than \$10    |  |                                |                       |                |                         |                              |                | listed above) who  | 0  |   |  |                  |  |  |

Form 990 (2017) ST. PHILIP SCHOOL ENDOWMENT 74-2057215 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (A) (C) Total revenue Unrelated exempt business function revenue under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1a Federated campaigns 1b b Membership dues c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 2,535 g Noncash contributions included in lines 1a-1f h Total Add lines 1a-1f 2,535 Program Service Revenue Busn Code b С d f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, 62,473 and other similar amounts) 62,473 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps C Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 26,370 Other 2,000 b Less direct expenses 24,370 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a b All other revenue Total Add lines 11a-11d

89,378

62,473

Total revenue See instructions

Part IX Statement of Functional Expenses

|          | on 501(c)(3) and 501(c)(4) organizations must co<br>Check if Schedule O contains a resp        |                       |                                    |   |                                |
|----------|--|-----------------------|------------------------------------|---|--------------------------------|
|          | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII                        | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations  |                       |                                    |   |                                |
|          | and domestic governments. See Part IV, line 21   | 56,665                | 56,665                             |   |                                |
| 2        | Grants and other assistance to domestic  |                       |                                    |   |                                |
|          | individuals See Part IV, line 22   |                       |                                    |   |                                |
| 3        | Grants and other assistance to foreign   |                       |                                    | -   |                                |
|          | organizations, foreign governments, and foreign  |                       |                                    |   |                                |
|          | individuals See Part IV, lines 15 and 16   |                       |                                    |   |                                |
| 4        | Benefits paid to or for members  |                       |                                    |   |                                |
| 5        | Compensation of current officers, directors,   |                       |                                    |   |                                |
|          | trustees, and key employees  |                       |                                    |   |                                |
| 6        | Compensation not included above, to disqualified   |                       |                                    |   |                                |
|          | persons (as defined under section 4958(f)(1)) and  | ļ                     |                                    |   |                                |
|          | persons described in section 4958(c)(3)(B)   |                       |                                    |   |                                |
| 7        | Other salaries and wages   |                       | <u> </u>                           |   |                                |
| 8        | Pension plan accruals and contributions (include   |                       |                                    |   |                                |
|          | section 401(k) and 403(b) employer contributions)  |                       |                                    | <u> </u>                                  |                                |
| 9        | Other employee benefits  |                       |                                    |   |                                |
| 10       | Payroll taxes  |                       |                                    | • ••••••                                  |                                |
| 11       | Fees for services (non-employees)  |                       |                                    |   |                                |
| а        | Management   |                       |                                    |   |                                |
| b        | Legal  |                       |                                    |   |                                |
| С        | Accounting   |                       |                                    | _   |                                |
| d        | Lobbying   |                       |                                    |   |                                |
| е        | Professional fundraising services See Part IV, line 17   |                       |                                    |   |                                |
| f        | Investment management fees   |                       |                                    |   |                                |
| g        | Other (If line 11g amount exceeds 10% of line 25, column                                       |                       |                                    |   |                                |
|          | (A) amount, list line 11g expenses on Schedule O)  | 1,050                 | 1,050                              |   |                                |
| 12       | Advertising and promotion  |                       |                                    |   |                                |
| 13       | Office expenses  | 600                   |                                    | 600                                       |                                |
| 14       | Information technology   |                       |                                    |   |                                |
| 15       | Royalties  |                       |                                    |   |                                |
| 16       | Occupancy  |                       |                                    |   |                                |
| 17       | Travel   |                       |                                    |   | . <u> </u>                     |
| 18       | Payments of travel or entertainment expenses   |                       |                                    |   |                                |
|          | for any federal, state, or local public officials  |                       |                                    |   |                                |
| 19       | Conferences, conventions, and meetings   |                       |                                    |   |                                |
| 20       | Interest   |                       |                                    |   |                                |
| 21       | Payments to affiliates   |                       |                                    |   |                                |
| 22       | Depreciation, depletion, and amortization  |                       |                                    |   |                                |
| 23       | Insurance  |                       |                                    |   | <del></del>                    |
| 24       | Other expenses Itemize expenses not covered  |                       |                                    | į   |                                |
|          | above (List miscellaneous expenses in line 24e If  |                       |                                    |   |                                |
|          | line 24e amount exceeds 10% of line 25, column   |                       |                                    |   |                                |
|          | (A) amount, list line 24e expenses on Schedule O)  |                       |                                    |   |                                |
| a        |  | <del> </del>          |                                    |   | <del></del>                    |
| b        |  | <del></del>           |                                    |   |                                |
| C C      |  |                       |                                    |   |                                |
| d        | All other evenence   |                       | -                                  |   |                                |
| e<br>25  | All other expenses   | 58,315                | 57,715                             | 600                                       |                                |
| 25<br>26 | Total functional expenses Add lines 1 through 24e  Joint costs. Complete this line only if the | 36,313                | 51,115                             | 000                                       | 0                              |
|          | organization reported in column (B) joint costs  |                       |                                    |   |                                |
|          | from a combined educational campaign and   |                       |                                    |   |                                |
|          | fundraising solicitation Check here ► If   |                       |                                    |   |                                |

Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 215,711 240,698 Cash-non-interest bearing 1 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 1,390,983 1,397,059 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,606,694 1,637,757 Total assets Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 0 0 26 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,606,694 1,637,757 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,606,694 1,637,757 33 33 Total net assets or fund balances 1,606,694 1,637,757 Total liabilities and net assets/fund balances

| orm | 990 (2017) ST. PHILIP SCHOOL ENDOWMENT 74-2057215   |    |     | Pa    | ge <b>12</b> |
|-----|---|----|-----|-------|--------------|
| Pa  | rt XI Reconciliation of Net Assets  |    |     |       | _            |
|     | Check if Schedule O contains a response or note to any line in this Part XI                                   |    |     |       |              |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1  |     | 89,   | 378          |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2  |     | 58,   | 315          |
| 3   | Revenue less expenses Subtract line 2 from line 1   | _3 |     | 31,   | 063          |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 1,6 | 06,   | 694          |
| 5   | Net unrealized gains (losses) on investments  | 5  |     |       |              |
| 6   | Donated services and use of facilities  | 6  |     |       |              |
| 7   | Investment expenses   | 7  |     |       |              |
| 8   | Prior period adjustments  | 8  |     |       |              |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)  | 9  |     | -     |              |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                |    |     |       |              |
|     | 33, column (B))   | 10 | 1,6 | 37,   | 757          |
| Pa  | rt XII Financial Statements and Reporting   |    | _   |       |              |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                  |    |     |       |              |
|     |   |    |     | Yes   | No           |
| 1   | Accounting method used to prepare the Form 990 Cash X Accrual Other   |    |     |       |              |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |    | _   |       |              |
|     | Schedule O  |    |     |       | ľ            |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?               |    | 2a  |       | Х            |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |    |     |       |              |
|     | reviewed on a separate basis, consolidated basis, or both   |    |     |       |              |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |    |     |       |              |
| b   | Were the organization's financial statements audited by an independent accountant?                            |    | 2b  |       | х            |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |    |     |       |              |
|     | separate basis, consolidated basis, or both   |    |     |       |              |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |    |     |       |              |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |    |     |       | 1            |
|     | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |    | 2c  |       | ļ            |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in |    |     |       |              |
|     | Schedule O  |    |     |       |              |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |    |     |       |              |
|     | the Single Audit Act and OMB Circular A-133?  |    | 3a  |       |              |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |    |     |       |              |
|     | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |    | 3ь  |       |              |
|     |   |    | For | m 990 | (2017)       |

OMB No 1545-0047

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ

Open to Public Inspection ► Go to www irs gov/Form990 for instructions and the latest information

Internal Revenue Service Name of the organization

Department of the Treasury

ST. PHILIP SCHOOL ENDOWMENT FUND CHARITABLE TRUST

Employer identification number 74-2057215

| Pa  | art I  | Rease  | on for Public Charity S   | Status (All organizations r   | nust co      | mplete t     | this part ) See instructions      | 3                  |  |
|-----|--------|--|---|---|--------------|--------------|-----------------------------------|--------------------|--|
| The | orgar  | nization is not a  | a private foundation because  | it is (For lines 1 through 12, che                                      | ck only o    | ne box )     |                                   | 20                 |  |
| 1   | $\Box$ | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |   |   |              |              |                                   |                    |  |
| 2   |        |  | school described in section 170(b)(1)(A)(ii) (Attach Schedule E (Form 990 or 990-EZ)) |   |              |              |                                   |                    |  |
| 3   | H      |  |   | e organization described in secti-                                      |              |              | ١.                                |                    |  |
| 4   | H      | •  | •   | in conjunction with a hospital des                                      |              |              | •                                 | ital's name        |  |
| 7   | L      | city, and state  | · · · · · · · · · · · · · · · · · · ·   | in conjunction with a hospital dec                                      | scribca iii  | 300000       | Troub)(T)(A)(III). Enter the nosp | ital 3 Hame,       |  |
| 5   |        |  |   | a college or university owned or  | onerated     | by a gove    | arnmental unit described in       |                    |  |
| ,   | ш      | -  | b)(1)(A)(Iv).(Complete Part   | •   | operateu     | by a gove    | ernmental and described in        |                    |  |
| 6   |        |  |   | ıı )<br>vernmental unit described in <b>sec</b>                         | tion 170     | 6V4VAV       | w)                                |                    |  |
| 5   | H      |  | •   |   |              |              |                                   |                    |  |
| 7   |        | -  | section 170(b)(1)(A)(vi) (Co  | ubstantial part of its support from<br>implete Part II)                 | i a govern   | mental ul    | iit or from the general public    |                    |  |
| 8   |        | A community  | trust described in section 17   | 70(b)(1)(A)(vı) (Complete Part II                                       | )            |              |                                   |                    |  |
| 9   |        | An agricultura   | il research organization desc   | ribed in section 170(b)(1)(A)(ix  | ) operated   | ın conjur    | oction with a land-grant college  |                    |  |
|     |        | or university of university  | or a non-land grant college of  | agriculture (see instructions) Er                                       | nter the na  | ame, city,   | and state of the college or       |                    |  |
| 10  | X      | •  | on that normally receives (1)   | more than 33 1/3% of its suppor   | t from co    | atributions  | membership fees, and gross        |                    |  |
|     | نحت    | •  |   | ot functions—subject to certain ex                                      |              |              | •                                 |                    |  |
|     |        | •  | •   | I unrelated business taxable inco                                       | •            | ٠,           |                                   |                    |  |
|     |        |  | -   | , 1975 See section 509(a)(2). (0  | _            |              | •                                 |                    |  |
| 11  |        | An organization  | on organized and operated e   | xclusively to test for public safety                                    | See sec      | tion 509(    | a)(4)                             |                    |  |
| 12  | П      | An organization  | on organized and operated ex  | xclusively for the benefit of, to pe                                    | rform the    | functions    | of, or to carry out the purposes  |                    |  |
|     |        | of one or more   | e publicly supported organiza   | itions described in section 509(a                                       | a)(1) or se  | ction 50     | 9(a)(2). See section 509(a)(3).   |                    |  |
|     |        | Check the box  | x in lines 12a through 12d tha  | at describes the type of supportin                                      | g organız    | ation and    | complete lines 12e, 12f, and 12   | g                  |  |
|     | а      | Type I. A  | supporting organization oper  | rated, supervised, or controlled b                                      | y its supp   | orted org    | anization(s), typically by giving |                    |  |
|     |        | the suppo  | orted organization(s) the pow   | er to regularly appoint or elect a r                                    | majority o   | f the direc  | tors or trustees of the           |                    |  |
|     |        |  |   | omplete Part IV, Sections A an  |              |              |                                   |                    |  |
|     | b      | Type II. A   | supporting organization sup   | ervised or controlled in connection                                     | on with its  | supporte     | d organization(s), by having      |                    |  |
|     |        |  | •   | ng organization vested in the sar<br>Part IV, Sections A and C.         | ne persor    | is that coi  | ntrol or manage the supported     |                    |  |
|     | С      | $\overline{}$  |   | ipporting organization operated ii                                      | n connect    | ion with, a  | and functionally integrated with  |                    |  |
|     |        |  |   | ructions) You must complete F   |              |              |                                   |                    |  |
|     | d      |  |   | A supporting organization opera   |              |              |                                   | )                  |  |
|     |        |  | • •   | organization generally must satis                                       | •            |              |                                   |                    |  |
|     |        | _ `  | ·   | ust complete Part IV, Section   |              |              |                                   |                    |  |
|     | е      |  | ŭ   | ived a written determination from<br>functionally integrated supporting |              |              | Type I, Type II, Type III         |                    |  |
|     | f      |  | nber of supported organization  | , , ,   | y Organiza   | , iion       |                                   | Ţ <u> </u>         |  |
|     | g      |  | illowing information about the  |   |              |              |                                   |                    |  |
| - 1 |        | e of supported   |   | (iii) Type of organization  | (w) is the c | rganization  | (v) Amount of monetary            | (vi) Amount of     |  |
| v   |        | ganization   | (ii) EIN  | (described on lines 1–10  | Linia .      | ir governing | support (see                      | other support (see |  |
|     |        |  |   | above (see instructions)  | 1            | ment?        | instructions)                     | instructions)      |  |
|     |        |  |   |   | Yes          | No           |                                   |                    |  |
| (A) |        |  |   |   |              |              |                                   |                    |  |
|     |        |  |   |   |              |              | _                                 |                    |  |
| (B) |        |  |   |   |              |              |                                   |                    |  |
|     |        |  |   |   | ļ            |              |                                   |                    |  |
| (C) |        |  |   |   |              |              |                                   |                    |  |
| (D) |        |  |   |   | -            |              |                                   |                    |  |
| (D) |        |  |   |   |              |              |                                   |                    |  |
| (E) |        |  |   |   | <u> </u>     |              |                                   | · · · ·            |  |
| (-/ |        |  |   |   |              |              |                                   |                    |  |
|     |        |  |   |   | _            |              | <u> </u>                          |                    |  |

Total

| Sec  | tion B. Total Support   | I—,                 | <u> </u>               |                                       |                     | LI.                 |                  |  |  |
|------|---|---------------------|------------------------|---------------------------------------|---------------------|---------------------|------------------|--|--|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2013            | (b) 2014               | (c) 2015/                             | (d) 2016            | (e) 2017            | (f) Total        |  |  |
| 7    | Amounts from line 4   |                     |                        | 7                                     |                     |                     |                  |  |  |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |                     |                        |                                       |                     |                     |                  |  |  |
| 9    | Net income from unrelated business activities, whether or not the business is regularly carried on  |                     |                        |                                       |                     |                     |                  |  |  |
| 10   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)   |                     |                        |                                       |                     |                     |                  |  |  |
| 11   | Total support. Add lines 7 through 10   |                     | L                      |                                       |                     |                     |                  |  |  |
| 12   | Gross receipts from related activities, etc. (  | •                   |                        |                                       |                     | 12                  |                  |  |  |
| 13   | First five years. If the Form 990 is for the o  |                     | second, third, four    | th, or fifth tax year a               | s a section 501(c)( | (3)                 | _                |  |  |
|      | organization, check this box and stop here  |                     |                        |                                       | <del></del>         |                     | <b>•</b>         |  |  |
|      | tion C. Computation of Public Sup   | ·                   | <del></del>            |                                       |                     | <del></del>         |                  |  |  |
| 14   | Public support percentage for 2017 (line 6,   | • • •               | , ,,                   | <b>(f)</b> )                          |                     | 14                  |                  |  |  |
| 15   | Public support percentage from 2016 Scheo   |                     | //                     |                                       |                     | 15                  | %                |  |  |
| 16a  | 33 1/3% support test—2017. If the organization  |                     | //                     | •                                     | 1/3% or more, chec  | ck this             |                  |  |  |
|      | box and stop here The organization qualifi  |                     | ,                      |                                       |                     |                     | ►t               |  |  |
| b    | 33 1/3% support test—2016 If the organiz  | ,                   | 4                      |                                       | s 33 1/3% or more,  | , check             | . r              |  |  |
| 47-  | this box and stop here. The organization qu   |                     |                        |                                       |                     | _                   | ▶ [              |  |  |
| 17a  | 10%-facts-and-circumstances test—2017 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is   |                     |                        |                                       |                     |                     |                  |  |  |
|      | 10% or more, and if the organization meets the "facts-and circumstances" test, check this box and stop here. Explain in   |                     |                        |                                       |                     |                     |                  |  |  |
|      | Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported   |                     |                        |                                       |                     |                     |                  |  |  |
| b    | organization  | E If the Armenia    | المنامموام فمساميات سي | hav an line 12, 10a                   | 40h 47 t-           |                     | ▶ [              |  |  |
| U    | 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line   |                     |                        |                                       |                     |                     |                  |  |  |
|      | 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here  Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly |                     |                        |                                       |                     |                     |                  |  |  |
|      | supported organization  | is the Tacis-and-C  | ircumstances test      | rne organization q                    | uaimes as a public  | ıy                  | <b>⊾</b> [       |  |  |
| 18   | Private foundation If the organization did  | not check a how or  | uline 13 16a 16h       | 17a or 17h chook                      | this how and soo    |                     | ▶ [              |  |  |
|      | instructions  | HIOL CHECK & DUX UI | riile 13, 10a, 10b,    | ira, or irb, check                    | uns dux and see     |                     | ▶ [              |  |  |
|      |   |                     |                        | · · · · · · · · · · · · · · · · · · · |                     | Schodule A /Form 99 | 00 or 000 E7\ 20 |  |  |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

| Sec   | tion A. Public Support   |                          |                      |                        |                     |          |             |
|-------|--|--------------------------|----------------------|------------------------|---------------------|----------|-------------|
| Caler | ndar year (or fiscal year beginning in)  | (a) 2013                 | (b) 2014             | (c) 2015               | (d) 2016            | (e) 2017 | (f) Total   |
| 1     | Gifts grants, contributions, and membership fees received (Do not include any "unusual grants")  |                          |                      |                        |                     | 2,535    | 2,535       |
| 2     | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                          |                      |                        |                     | 88,843   | 88,843      |
| 3     | Gross receipts from activities that are not an unrelated trade or business under section 513   |                          |                      |                        |                     |          |             |
| 4     | Tax revenues levied for the<br>organization's benefit and either paid<br>to or expended on its behalf  |                          |                      |                        |                     |          |             |
| 5     | The value of services or facilities furnished by a governmental unit to the organization without charge  |                          |                      |                        |                     |          |             |
| 6     | Total. Add lines 1 through 5   |                          |                      |                        |                     | 91,378   | 91,378      |
| 7a    | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                          |                      |                        |                     |          |             |
| b     | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                          |                      |                        |                     |          |             |
| С     | Add lines 7a and 7b  |                          | ļ                    |                        |                     |          |             |
| 8     | Public support. (Subtract line 7c from   |                          |                      |                        |                     |          |             |
| 500   | tion B. Total Support  |                          |                      | <u>i</u>               |                     |          | 91,378      |
|       | ndar year (or fiscal year beginning in)  | (a) 2013                 | (b) 2014             | (c) 2015               | (d) 2016            | (e) 2017 | (f) Total   |
| 9     | Amounts from line 6  | (a) 2013                 | (b) 2014             | (6) 2013               | (u) 2010            | 1        |             |
|       |  |                          |                      |                        |                     | 91,378   | 91,378      |
| 10a   | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |                          |                      |                        |                     |          |             |
| b     | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                          |                      |                        |                     |          |             |
| С     | Add lines 10a and 10b  |                          | <u> </u>             |                        |                     |          |             |
| 11    | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                          |                      |                        |                     |          |             |
| 12    | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |                          |                      |                        |                     |          |             |
| 13    | Total support (Add lines 9, 10c, 11,   |                          |                      |                        |                     |          |             |
| 14    | and 12)  First five years If the Form 990 is for the o   | i                        | annual Abust favor   | <u> </u>               |                     | 91,378   | 91,378      |
| 1-4   | organization, check this box and stop here   | •                        | secona, triira, tour | in, or militiax year a | is a section sor(c) | (3)      | ▶ □         |
| Sec   | tion C. Computation of Public Su   |                          | age                  | <del>.</del>           |                     |          |             |
| 15    | Public support percentage for 2017 (line 8,  | •                        |                      | (f))                   |                     | 15       | 100 00%     |
| 16    | Public support percentage from 2016 Scher  |                          | •                    | (7)                    |                     | 16       | %           |
|       | tion D. Computation of Investmer   |                          |                      |                        |                     |          |             |
| 17    | Investment income percentage for 2017 (lir   |                          |                      | column (f))            |                     | 17       | %           |
| 18    | Investment income percentage from 2016 S   |                          |                      |                        |                     | 18       | <u> </u>    |
| 19a   | 33 1/3% support tests—2017.If the organ  |                          |                      | 14, and line 15 is m   | ore than 33 1/3%,   |          |             |
|       | 17 is not more than 33 1/3%, check this box  | x and <b>stop here</b> T | he organization qu   | alifies as a publicly  | supported organiz   | ation    | ► X         |
| b     | 33 1/3% support tests—2016 If the organ  |                          |                      |                        |                     |          | ▶ □         |
| 20    | line 18 is not more than 33 1/3%, check this Private foundation. If the organization did   | •                        | •                    | •                      | ,                   |          | <b>&gt;</b> |

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

| Section A | . All Suppo | rting Ord | anizations |
|-----------|-------------|-----------|------------|
|-----------|-------------|-----------|------------|

| Sect | ion A. All Supporting Organizations   | -   | -   |    |
|------|---|-----|-----|----|
| 4    | As all of the assessments are accorded assessment lated by some in the assessments according                        |     | Yes | No |
| 1    | Are all of the organization's supported organizations listed by name in the organization's governing                |     |     |    |
|      | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by            |     |     |    |
| •    | class or purpose, describe the designation. If historic and continuing relationship, explain                        | 1   |     |    |
| 2    | Did the organization have any supported organization that does not have an IRS determination of status              |     |     |    |
|      | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported     |     |     |    |
| 2-   | organization was described in section 509(a)(1) or (2)  | 2   |     |    |
| 3a   | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer    |     |     |    |
|      | (b) and (c) below   | 3a  |     |    |
| b    | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and    |     |     |    |
|      | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the          |     |     |    |
|      | organization made the determination   | 3b  |     |    |
| С    | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)    |     |     |    |
|      | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use               | 3c  |     |    |
| 4a   | Was any supported organization not organized in the United States ("foreign supported organization")? If            |     |     |    |
|      | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below  | 4a  |     |    |
| b    | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign         |     |     |    |
|      | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion          | } i |     |    |
|      | despite being controlled or supervised by or in connection with its supported organizations                         | 4b  |     |    |
| С    | Did the organization support any foreign supported organization that does not have an IRS determination             |     |     |    |
|      | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used     |     |     |    |
|      | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)      |     |     |    |
| _    | purposes  | 4c  |     |    |
| 5a   | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"          |     |     |    |
|      | answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN           |     |     |    |
|      | numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,       |     |     |    |
|      | (III) the authority under the organization's organizing document authorizing such action, and (IV) how the action   |     |     |    |
|      | was accomplished (such as by amendment to the organizing document)  | 5a  |     |    |
| ь    | Type I or Type II only.Was any added or substituted supported organization part of a class already                  |     |     |    |
|      | designated in the organization's organizing document?   | 5b  |     |    |
| C    | Substitutions only Was the substitution the result of an event beyond the organization's control?                   | 5c  |     |    |
| 6    | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to  |     | l   |    |
|      | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited |     |     |    |
|      | by one or more of its supported organizations, or (iii) other supporting organizations that also support or         |     |     |    |
|      | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.      | 6   |     |    |
| 7    | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor     |     |     |    |
|      | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with   |     |     |    |
|      | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)                   | 7   |     |    |
| 8    | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?     |     |     |    |
|      | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  | 8   |     |    |
| 9a   | Was the organization controlled directly or indirectly at any time during the tax year by one or more               |     |     |    |
|      | disqualified persons as defined in section 4946 (other than foundation managers and organizations described         |     |     |    |
|      | in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  | 9a  |     |    |
| þ    | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which     |     |     |    |
|      | the supporting organization had an interest? If "Yes," provide detail in Part VI.                                   | 9b  |     |    |
| С    | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit     |     |     |    |
|      | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.        | _9c |     |    |
| 10a  | Was the organization subject to the excess business holdings rules of section 4943 because of section               |     |     |    |
|      | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated           |     | ļ   |    |
|      | supporting organizations)? If "Yes," answer 10b below   | 10a |     |    |
| b    | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to              |     |     |    |

determine whether the organization had excess business holdings)

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Page 5

| Par   | t IV Supporting Organizations (continued)  |          |     |    |
|-------|--|----------|-----|----|
|       |  |          | Yes | No |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?  |          |     |    |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                     |          |     |    |
|       | below, the governing body of a supported organization?   | 11a      |     |    |
| b     | A family member of a person described in (a) above?  | 11b      |     |    |
|       | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI             | 11c      |     | ·  |
| _     | ion B. Type I Supporting Organizations   |          |     | L  |
| 0000  | on b. Type I dapporting digunizations  |          | Vaa | Na |
|       | Did the decided to the second of the second of the second of the second of   |          | Yes | No |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to                              |          |     |    |
|       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the               |          |     |    |
|       | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                    |          |     |    |
|       | controlled the organization's activities. If the organization had more than one supported organization,                          |          |     |    |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                        |          |     |    |
|       | organizations and what conditions or restrictions, if any, applied to such powers during the tax year                            | 1        |     |    |
| 2     | Did the organization operate for the benefit of any supported organization other than the supported                              |          |     |    |
|       | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part                  |          |     |    |
|       | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                           |          |     |    |
|       | supervised, or controlled the supporting organization  | 2        |     |    |
| Secti | on C. Type II Supporting Organizations   |          |     |    |
|       |  |          | Yes | No |
| 1     | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                 |          |     | _  |
|       | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                    |          |     |    |
|       | or management of the supporting organization was vested in the same persons that controlled or managed                           |          |     |    |
|       | the supported organization(s)  | 1 1      |     |    |
| Secti | ion D. All Type III Supporting Organizations   | <u>'</u> |     |    |
|       |  |          | Yes | No |
| 1     | Did the erganization provide to each of its supported erganizations, by the last day of the fifth month of the                   |          | 163 | NO |
| •     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                   |          |     |    |
|       | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax            |          |     |    |
|       | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the           |          |     |    |
| _     | organization's governing documents in effect on the date of notification, to the extent not previously provided?                 | 1        |     |    |
| 2     | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                 |          |     |    |
|       | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how               |          |     |    |
|       | the organization maintained a close and continuous working relationship with the supported organization(s)                       | 2        |     |    |
| 3     | By reason of the relationship described in (2), did the organization's supported organizations have a                            | .        | ,   |    |
|       | significant voice in the organization's investment policies and in directing the use of the organization's                       |          |     |    |
|       | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                     |          |     |    |
|       | supported organizations played in this regard  | 3        |     |    |
| Secti | on E. Type III Functionally-Integrated Supporting Organizations  |          |     |    |
| 1     | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) |          |     |    |
| а     | The organization satisfied the Activities Test. Complete line 2 below  |          |     |    |
| b     | The organization is the parent of each of its supported organizations. Complete line 3 below                                     |          |     |    |
| С     | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions    | )        |     |    |
|       |  |          |     |    |
| 2 /   | Activities Test Answer (a) and (b) below.  |          | Yes | No |
| а     | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of               |          |     |    |
| _     | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                       |          |     |    |
|       | those supported organizations and explainhow these activities directly furthered their exempt purposes,                          |          | ı   |    |
|       |  |          |     |    |
|       | how the organization was responsive to those supported organizations, and how the organization determined                        | 2-       |     |    |
|       | that these activities constituted substantially all of its activities  | 2a       |     |    |
| b     | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more              |          |     |    |
|       | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                     |          |     |    |
|       | reasons for the organization's position that its supported organization(s) would have engaged in these                           |          |     |    |
|       | activities but for the organization's involvement  | 2b       |     |    |
| 3     | Parent of Supported Organizations Answer (a) and (b) below.  |          |     |    |
| а     | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                      |          |     |    |
|       | trustees of each of the supported organizations? Provide details in Part VI  | _3a      |     | _  |
| b     | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each              |          | Ţ   |    |
|       | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard                 | 3b       |     |    |

2

3 4

5

| 6 Distributable Amount Subtract line 5 from line 4, unless subject to                              |          |                             |
|--|----------|-----------------------------|
| emergency temporary reduction (see instructions)   | 6        |                             |
| 7 Check here if the current year is the organization's first as a non-functionally integrated Type | e III su | upporting organization (see |
| instructions)  |          |                             |
|  |          | Schedule                    |

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2017

| Pari     | t V Type III Non-Functionally Integrated 509(a)(3) S                               | <del></del>                           | ons (continued)                | ZIJ Page /                       |
|----------|--|---------------------------------------|--------------------------------|----------------------------------|
|          | on D - Distributions   | apporting Organization                | ons (commuca)                  | Current Year                     |
| 1        | Amounts paid to supported organizations to accomplish exempt purpositions          |                                       | Odivent real                   |                                  |
| 2        | Amounts paid to perform activity that directly furthers exempt purposes            | · · · · · · · · · · · · · · · · · · · |                                |                                  |
| _        | organizations, in excess of income from activity                                   |                                       |                                |                                  |
| 3        | Administrative expenses paid to accomplish exempt purposes of suppo                | rted organizations                    |                                |                                  |
| 4        | Amounts paid to acquire exempt-use assets  | itod digamzanono                      |                                |                                  |
| 5        | Qualified set-aside amounts (prior IRS approval required)                          |                                       |                                |                                  |
| 6        | Other distributions (describe in Part VI) See instructions                         | <del></del>                           |                                |                                  |
| 7        | Total annual distributions Add lines 1 through 6                                   |                                       |                                |                                  |
| 8        | Distributions to attentive supported organizations to which the organizat          | ion is responsive                     |                                |                                  |
|          | (provide details in Part VI) See instructions                                      | •                                     |                                |                                  |
| 9        | Distributable amount for 2017 from Section C, line 6                               |                                       |                                |                                  |
| 10       | Line 8 amount divided by line 9 amount   |                                       |                                |                                  |
|          |  | (1)                                   | (11)                           | (111)                            |
|          | Section E - Distribution Allocations (see instructions)                            | Excess Distributions                  | Underdistributions<br>Pre-2017 | Distributable<br>Amount for 2017 |
| 1        | Distributable amount for 2017 from Section C, line 6                               |                                       |                                |                                  |
| 2        | Underdistributions, if any, for years prior to 2017                                |                                       |                                |                                  |
|          | (reasonable cause required-explain in Part VI) See                                 |                                       |                                |                                  |
|          | Instructions   |                                       |                                |                                  |
| 3        | Excess distributions carryover, if any, to 2017                                    |                                       |                                |                                  |
| a        |  |                                       | <del></del>                    | ·                                |
|          | From 2013  |                                       |                                |                                  |
|          | From 2014  | -                                     | <del></del> -                  |                                  |
|          | From 2015  |                                       |                                |                                  |
|          | From 2016  Total of lines 3a through e   | <del></del>                           |                                |                                  |
|          | Applied to underdistributions of prior years                                       |                                       |                                |                                  |
|          | Applied to 2017 distributions of prior years  Applied to 2017 distributable amount |                                       | <del></del>                    |                                  |
| -        | Carryover from 2012 not applied (see instructions)                                 |                                       | ·                              | <u> </u>                         |
| <u> </u> | Remainder Subtract lines 3g, 3h, and 3i from 3f                                    |                                       |                                |                                  |
| 4        | Distributions for 2017 from  |                                       |                                |                                  |
| 7        | Section D, line 7 \$   |                                       |                                |                                  |
| a        | Applied to underdistributions of prior years                                       |                                       |                                |                                  |
|          | Applied to 2017 distributable amount   |                                       |                                |                                  |
|          | Remainder Subtract lines 4a and 4b from 4  |                                       |                                |                                  |
| 5        | Remaining underdistributions for years prior to 2017, if                           | <u> </u>                              |                                |                                  |
| •        | any Subtract lines 3g and 4a from line 2 For result                                |                                       |                                |                                  |
|          | greater than zero, explain in Part VI See instructions                             |                                       |                                |                                  |
| 6        | Remaining underdistributions for 2017 Subtract lines 3h                            |                                       |                                |                                  |
|          | and 4b from line 1. For result greater than zero, explain in                       |                                       |                                |                                  |
|          | Part VI See instructions   |                                       |                                |                                  |
| 7        | Excess distributions carryover to 2018 Add lines 3                                 |                                       | _                              |                                  |
|          | and 4c   |                                       |                                |                                  |
| 8        | Breakdown of line 7  |                                       |                                |                                  |
| а        | Excess from 2013   |                                       |                                |                                  |
|          | Excess from 2014   |                                       |                                |                                  |
| С        | Excess from 2015   |                                       |                                |                                  |
| d        | Excess from 2016   |                                       |                                |                                  |
| _        | Excess from 2017   |                                       |                                |                                  |

Schedule A (Form 990 or 990-EZ) 2017

74-2057215

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Part VI. Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete If the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990

Open to Public

OMB No 1545-0047

► Go to www.irs gov/Form990for instructions and the latest information.

Inspection

|     | of the organization   |   | Employe     | ridentificat | tion number         |              |
|-----|---|---|-------------|--------------|---------------------|--------------|
|     | T. PHILIP SCHOOL ENDOWMENT  |   |             |              |                     |              |
| _   | UND CHARITABLE TRUST  |   |             | 0572         | 15                  |              |
| Pa  | ort I Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" on F  |   | ounts       | •            |                     |              |
|     | Complete if the organization answered Tes On T  | (a) Donor advised funds                           |             | (b) Eunds a  | and other accounts  |              |
| 1   | Total number at end of year   | (a) Donor Buvised Idilus                          |             | D) ruilus a  | Tid Other accounts  |              |
|     | Total number at end of year   |   |             |              |                     |              |
| 2   | Aggregate value of contributions to (during year)   |   |             |              |                     |              |
| 3   | Aggregate value of grants from (during year)  |   |             |              |                     |              |
| 4   | Aggregate value at end of year  | be constanted in dense advised                    |             |              |                     |              |
| 5   | Did the organization inform all donors and donor advisors in writing that t   |   |             |              |                     | 1            |
| 6   | funds are the organization's property, subject to the organization's exclus   | <u> </u>  |             |              | Yes                 | No           |
| 0   | Did the organization inform all grantees, donors, and donor advisors in w   | • •   |             |              |                     |              |
|     | only for charitable purposes and not for the benefit of the donor or donor conferring impermissible private benefit?                          | advisor, or for any other purpose                 |             |              | П v Г               | ١            |
| Pa  | Irt II Conservation Easements.  |   |             | <del></del>  | Yes                 | No           |
| ı a | Complete if the organization answered "Yes" on F  | orm 990 Part IV line 7                            |             |              |                     |              |
| 1   | Purpose(s) of conservation easements held by the organization (check a  | · · · · · · · · · · · · · · · · · · ·             |             |              |                     |              |
| •   | Preservation of land for public use (e.g., recreation or education)   | Preservation of a historically importa            | nt land     | area         |                     |              |
|     | Protection of natural habitat   | Preservation of a certified historic sti          |             | area         |                     |              |
|     | Preservation of open space  | Treservation of a certified historie sti          | acture      |              |                     |              |
| 2   | Complete lines 2a through 2d if the organization held a qualified conserve  | ation contribution in the form of a conservation  | 1           |              |                     |              |
| -   | easement on the last day of the tax year  | ation commodition in the form of a conservation   | ·           | Held at      | the End of the Tax  | Year         |
| а   | Total number of conservation easements  |   | 2a          | Tield at     | the Life of the Tax | · rear       |
|     | Total acreage restricted by conservation easements  |   | 2b          |              |                     | <del>.</del> |
|     | Number of conservation easements on a certified historic structure include  | ded in (a)  | 2c          |              |                     |              |
| ч   | Number of conservation easements included in (c) acquired after 7/25/06   |   | 120         | <u> </u>     |                     |              |
| ٠   | historic structure listed in the National Register  | s, and not on a                                   | 2d          |              |                     |              |
| 3   | Number of conservation easements modified, transferred, released, extin   | aguished or terminated by the organization di     |             |              |                     | <del>.</del> |
| ,   | tax year  | igaished, or terminated by the organization do    | ang an      | 5            |                     |              |
| 4   | Number of states where properly subject to conservation easement is loc   | cated •   |             |              |                     |              |
| 5   |   |   |             |              |                     |              |
| ,   | Does the organization have a written policy regarding the periodic monito violations, and enforcement of the conservation easements it holds? | ning, inspection, handling of                     |             |              | Yes                 | No           |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, handling of v  | volations, and enforcing conservation easeme      | ante du     | ring the v   |                     | 140          |
| •   | Totali and volunteer nodis devoted to monitoring, inspecting, fianding of v   | notations, and emorcing conservation easeme       | ints du     | ing the y    | eai                 |              |
| 7   | Amount of expenses incurred in monitoring, inspecting, handling of violat   | ions, and enforcing consequation easements        | durina t    | he vear      |                     |              |
| •   | S   | ions, and emorcing conservation easements         | Juling 1    | ne year      |                     |              |
| 8   | Does each conservation easement reported on line 2(d) above satisfy the   | e requirements of section 170/h)/4)/R)(i)         |             |              |                     |              |
| ٠   | and section 170(h)(4)(B)(ii)?   | e requirements of section 17 o(n)(4)(D)(i)        |             |              | Yes                 | No           |
| 9   | In Part XIII, describe how the organization reports conservation easemer  | ats in its revenue and expense statement, and     |             |              |                     | , 110        |
| •   | balance sheet, and include, if applicable, the text of the footnote to the or   |   |             |              |                     |              |
|     | organization's accounting for conservation easements  | •   |             |              |                     |              |
| Pa  | rt III Organizations Maintaining Collections of Art, F  | Historical Treasures, or Other Sim                | ilar A      | ssets.       |                     |              |
|     | Complete if the organization answered "Yes" on F  | orm 990, Part IV, line 8                          |             |              |                     |              |
| 1a  | If the organization elected, as permitted under SFAS 116 (ASC 958), not   | to report in its revenue statement and balance    | e sheet     |              |                     |              |
|     | works of art, historical treasures, or other similar assets held for public ex  | chibition, education, or research in furtherance  | e of        |              |                     |              |
|     | public service, provide, in Part XIII, the text of the footnote to its financial  | statements that describes these items             |             |              |                     |              |
| b   | If the organization elected, as permitted under SFAS 116 (ASC 958), to re-  | eport in its revenue statement and balance sh     | eet         |              |                     |              |
|     | works of art, historical treasures, or other similar assets held for public ex  | chibition, education, or research in furtherance  | e of        |              |                     |              |
|     | public service, provide the following amounts relating to these items   |   |             |              |                     |              |
|     | (i) Revenue included on Form 990, Part VIII, line 1   |   | •           | \$           |                     |              |
|     | (II) Assets included in Form 990, Part X  |   | •           | \$           |                     |              |
| 2   | If the organization received or held works of art, historical treasures, or of  | ther similar assets for financial gain, provide t | ne          |              |                     |              |
|     | following amounts required to be reported under SFAS 116 (ASC 958) re   | lating to these items                             |             |              |                     |              |
| а   | Revenue included on Form 990, Part VIII, line 1   |   | <b>&gt;</b> | \$           |                     |              |
| b   | Assets included in Form 990, Part X   |   | <u> </u>    | \$           |                     |              |

| Describe in Part XIII the intended uses of the organization's endowment funds              |  |                         |                         |                 |                |  |  |  |
|--|--|-------------------------|-------------------------|-----------------|----------------|--|--|--|
| Part VI Land, Buildings, and Equipment.  |  |                         |                         |                 |                |  |  |  |
| Complete if the  | Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 |                         |                         |                 |                |  |  |  |
| Description of property  |  | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Book value |  |  |  |
|  |  | (investment)            | (other)                 | depreciation    |                |  |  |  |
| 1a Land  |  |                         |                         |                 |                |  |  |  |
| <b>b</b> Buildings   |  |                         |                         |                 |                |  |  |  |
| c Leasehold improvements   |  |                         | _                       |                 |                |  |  |  |
| <b>d</b> Equipment   |  | <u></u>                 |                         |                 |                |  |  |  |
| e Other  |  |                         |                         |                 |                |  |  |  |
| tal Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) |  |                         |                         |                 |                |  |  |  |

|      | ~  |
|------|----|
| Page | -3 |

| oricadic D ( | Offir 330/ 2017 Date 2112 Delicon Divident              | , , 203,213                               | raye |
|--------------|---|---|------|
| Part VII     | Investments—Other Securities.                           |   |      |
|              | Complete if the organization ensured "Vee" on Form 000. | Don't IV June 11h Con Farms OOD Dark V J. | 10   |

| rait vii,     | Complete if the organization answered "Yes" o                                | n Form 990. Part IV. lin              | e 11b See Form 990. Part X   | line 12        |
|---------------|--|---------------------------------------|------------------------------|----------------|
|               | (a) Description of security or category                                      | (b) Book value                        | (c) Method of value          |                |
|               | (including name of security)   |                                       | Cost or end-of-year ma       | rket value     |
| (1) Financial |  |                                       |                              |                |
|               | eld equity interests   |                                       |                              |                |
| (3) Other     |  |                                       |                              |                |
| (A)           |  |                                       |                              |                |
| (B)           |  |                                       |                              |                |
| (C)           |  |                                       |                              |                |
| (D)           |  |                                       |                              |                |
| (E)           | •  |                                       |                              |                |
| (F)           |  |                                       |                              |                |
| (G)           |  |                                       |                              |                |
| (H)           |  |                                       |                              |                |
|               | nn (b) must equal Form 990, Part X, col (B) line 12)                         |                                       | <u> </u>                     |                |
| Part VIII     | Investments—Program Related.  Complete if the organization answered "Yes" or | n Form 990 Part IV Jun                | o 11c. Soo Form 000. Port Y  | lino 12        |
|               | (a) Description of investment  | (b) Book value                        | (c) Method of valua          |                |
|               | (a) 5000 pion of investment  | (S) DOOK VAIDE                        | Cost or end-of-year mai      |                |
| (1)           |  |                                       | ,                            |                |
| (2)           |  |                                       |                              |                |
| (3)           |  |                                       |                              |                |
| (4)           |  |                                       |                              |                |
| (5)           |  |                                       |                              |                |
| (6)           |  |                                       |                              |                |
| (7)           |  |                                       |                              |                |
| (8)           |  |                                       | -                            |                |
| (9)           |  |                                       |                              |                |
|               | nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶                     |                                       | -                            | <del></del>    |
| Part IX       | Other Assets.  | <b>,</b>                              |                              |                |
|               | Complete if the organization answered "Yes" or                               | n Form 990, Part IV, lin              | e 11d See Form 990, Part X,  | line 15        |
|               | (a) Description  |                                       |                              | (b) Book value |
| (1)           |  | · · · · · · · · · · · · · · · · · · · |                              |                |
| (2)           |  |                                       |                              |                |
| (3)           |  |                                       |                              |                |
| (4)           |  |                                       |                              |                |
| (5)           |  |                                       |                              |                |
| (6)           |  |                                       |                              |                |
| (7)           |  |                                       |                              |                |
| (8)           |  |                                       |                              |                |
| (9)           |  |                                       |                              |                |
| Total. (Colum | nn (b) must equal Form 990, Part X, col. (B) line 15)                        |                                       | <b>&gt;</b>                  |                |
| Part X        | Other Liabilities.   |                                       |                              |                |
|               | Complete if the organization answered "Yes" or                               | n Form 990, Part IV, Iın              | e 11e or 11f See Form 990, I | Part X,        |
|               | line 25  |                                       |                              | <del></del>    |
| 1             | (a) Description of liability   | (b) Book value                        |                              |                |
|               | income taxes   |                                       |                              |                |
| (2)           |  |                                       | $\dashv$                     |                |
| (3)           |  |                                       | $\dashv$                     |                |
| (4)           |  |                                       | _                            |                |
| (5)           |  |                                       | _                            |                |
| (6)           |  |                                       | _                            |                |
| (7)           |  |                                       | $\dashv$                     |                |
| (8)           |  |                                       | _                            |                |
| (9)           |  |                                       |                              |                |
| Total. (Colum | nn (b) must equal Form 990, Part X, col. (B) line 25 ) ▶                     |                                       |                              |                |

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| Sche | dule D (Form 990) 2017 ST. PHILIP SCHOOL ENDOWMENT                             | 74-205721                | .5    | Yeage 4                               |
|------|--|--------------------------|-------|---------------------------------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Statemen                 | ts With Revenue per Retu | rn.   |                                       |
|      | Complete if the organization answered "Yes" on Form 990, Par                   | t IV, line 12a           |       | •                                     |
| 1    | Total revenue, gains, and other support per audited financial statements       |                          | 1     |                                       |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12             |                          |       |                                       |
| а    | Net unrealized gains (losses) on investments                                   | 2a                       |       |                                       |
| b    | Donated services and use of facilities   | 2b                       | ]     |                                       |
| С    | Recoveries of prior year grants  | 2c                       |       |                                       |
| d    | Other (Describe in Part XIII )   | 2d                       |       |                                       |
| е    | Add lines 2a through 2d  |                          | 2e    |                                       |
| 3    | Subtract line 2e from line 1   |                          | 3     |                                       |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1            |                          |       | 1                                     |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a                       |       |                                       |
| b    | Other (Describe in Part XIII )   | 4b                       |       |                                       |
| С    | Add lines 4a and 4b  |                          | 4c    |                                       |
| _5   | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  |                          | 5     |                                       |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Statemen               |                          | turn. |                                       |
|      | Complete if the organization answered "Yes" on Form 990, Par                   | t IV, line 12a           |       | · · · · · · · · · · · · · · · · · · · |
| 1    | Total expenses and losses per audited financial statements                     |                          | 1     |                                       |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25               |                          |       |                                       |
| а    | Donated services and use of facilities   |                          |       |                                       |
| b    | Prior year adjustments   | 2b                       |       |                                       |
| С    | Other losses   | 2c                       | .     |                                       |
| d    | Other (Describe in Part XIII )   | 2d                       | .     |                                       |
| е    | Add lines 2a through 2d  |                          | 2e    |                                       |
| 3    | Subtract line 2e from line 1   | f )                      | 3     |                                       |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1              |                          |       |                                       |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a                       | 1 1   |                                       |
| b    | Other (Describe in Part XIII )   | 4b                       | .     |                                       |
| С    | Add lines 4a and 4b  |                          | 4c    |                                       |
| 5    | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) |                          | 5     |                                       |
| Pa   | rt XIII Supplemental Information.  |                          |       |                                       |

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

TO PROVIDE AID FOR THE MAINTENANCE, SUPPORT, IMPROVEMENT AND OVERALL BETTERMENT OF ST. PHILIP THE APOSTLE CATHOLIC SCHOOL.

, . A, .

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Total

► Attach to Form 990 or Form 990-EZ

► Go to www irs gov/Form990for the latest instructions

Open to Public Inspection

| lame of the organization ST. PHILIP SCHOOL FUND CHARITABLE TR   |                                  |                          |        |                                   | Employer identifica   |   |
|---|----------------------------------|--------------------------|--------|-----------------------------------|---|---|
| Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to   | the organizatio<br>complete this | n ans<br>part            | were   | ed "Yes" on Form 99               | 0, Part IV, line 1  | 7   |
| 1 Indicate whether the organization raised funds through a  |                                  |                          | s Ch   | eck all that apply                |   |   |
| a Mail solicitations  | e Solicitation                   | of non                   | n-gove | ernment grants                    |   |   |
| b Internet and email solicitations  | f Solicitation                   | of gov                   | ernm   | ent grants                        |   |   |
| c Phone solicitations   | g Special fur                    | ıdraısın                 | ig eve | ents                              |   |   |
| d In-person solicitations   |                                  |                          |        |                                   |   |   |
| 2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in |                                  |                          |        |                                   |   | Yes No  |
| b If "Yes," list the 10 highest paid individuals or entities (fun<br>compensated at least \$5,000 by the organization     | ndraisers) pursuant              |                          |        | nts under which the fundr         | aiser is to be  |   |
| (i) Name and address of individual or entity (fundraiser)   | (II) Activity                    | raiser<br>custo<br>conti | dy or  | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|   |                                  | Yes                      | No     |                                   |   |   |
| 1   |                                  |                          |        |                                   |   |   |
| 2   |                                  |                          |        |                                   |   |   |
|   |                                  |                          |        |                                   |   |   |
| 3   |                                  |                          |        |                                   |   |   |
|   |                                  |                          |        |                                   |   |   |
| 4   |                                  |                          |        |                                   |   |   |
|   |                                  |                          |        |                                   |   |   |
| 5   |                                  |                          |        |                                   |   |   |
|   |                                  |                          |        |                                   |   |   |
| 6   |                                  |                          |        |                                   | ···   |   |
|   |                                  |                          |        |                                   |   |   |
| 7   |                                  |                          |        |                                   |   |   |
|   |                                  |                          |        |                                   |   |   |
| 8   |                                  |                          |        |                                   |   |   |
|   |                                  |                          |        |                                   |   |   |
| 9   |                                  |                          |        |                                   | ·   |   |
|   |                                  |                          |        |                                   |   |   |
| 0 _   |                                  |                          |        |                                   |   |   |
|   |                                  |                          |        |                                   |   |   |

Schedule G (Form 990 or 990-EZ) 2017 ST. PHILIP SCHOOL ENDOWMENT 74-2057215 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events READ-A-THON NONE (add col (a) through col (c)) (event type) (event type) (total number) 26,370 26,370 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 26,370 26,370 line 2) 4 Cash prizes Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages Entertainment 2,000 2,000 9 Other direct expenses 2,000 10 Direct expense summary Add lines 4 through 9 in column (d) 24,370 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

| Sche     | edule G (Form 990 or 990-EZ) 2017 ST. PHILIP SCHOOL ENDOWMENT  | 74-2057215            | 5      | F     | age 3    |
|----------|--|-----------------------|--------|-------|----------|
| 11       | Does the organization conduct gaming activities with nonmembers?   |                       | $\Box$ | Yes   | No       |
| 12       | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity   |                       |        |       |          |
|          | formed to administer charitable gaming?  |                       | П      | Yes   | ☐ No     |
| 13       | Indicate the percentage of gaming activity conducted in  |                       |        |       |          |
| а        | The organization's facility  | 13a                   |        |       | %        |
| b        | An outside facility  | 13b                   |        |       | %        |
| 14       | Enter the name and address of the person who prepares the organization's gaming/special events books and records   |                       |        | _     |          |
|          | Name ►   |                       |        |       |          |
|          | Address ▶  |                       |        |       |          |
| 15a      | Does the organization have a contract with a third party from whom the organization receives gaming revenue?   |                       |        | Yes   |          |
| b        | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$   | and the               |        | res ( |          |
| С        | amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party   |                       |        |       |          |
|          | Name ►   |                       |        |       |          |
|          | Address ►  |                       |        |       |          |
| 16       | Gaming manager information   |                       |        |       |          |
|          | Name ►   |                       |        |       |          |
|          | Gaming manager compensation ▶ \$   |                       |        |       |          |
|          | Description of services provided ▶   |                       |        |       |          |
|          | Director/officer Employee Independent contractor   |                       |        |       |          |
| 17       | Mandatory distributions  |                       |        |       |          |
| а        | Is the organization required under state law to make charitable distributions from the gaming proceeds to  | ,                     | _      | [     | <b>-</b> |
| <b>h</b> | retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or                    | !                     |        | Yes   | No       |
| D        |  |                       |        |       |          |
| Par      | spent in the organization's own exempt activities during the tax year ► \$ t IV Supplemental Information. Provide the explanations required by Part I, line 2b, or | columns (m) and (v) a | nd.    |       |          |
| ıaı      | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ad  |                       | iu     |       |          |
|          | See instructions   |                       |        |       |          |
|          |  |                       |        |       |          |
|          |  |                       |        |       |          |
|          |  |                       |        |       |          |
|          |  |                       |        |       |          |
|          |  |                       |        |       |          |
|          |  |                       |        |       |          |
|          |  |                       |        |       |          |
|          |  |                       |        |       |          |
|          |  |                       |        |       |          |

**SCHEDULE 1** (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

| /             |   |
|---------------|---|
| $\overline{}$ | • |
| 0             |   |
| <u>N</u>      |   |
|               |   |

OMB No 1545-0047

Open to Public

Inspection Employer identification number 74-2057215 ▶ Go to www irs.gov/Form990 for the latest information. ► Attach to Form 990. ST. PHILIP SCHOOL ENDOWMENT General Information on Grants and Assistance FUND CHARITABLE TRUST Department of the Treasury Internal Revenue Service Name of the organization

ž **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990. Part IV line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part II

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part

| 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | or any recipient t  | hat received n      | nore than                             | \$5,000 Part II car         | n be duplicated if                    | additional space                                      | e is needed                           |                                    |
|---|---------------------|---------------------|---------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| (a) Name and address of organization     or government  | ızatıon             | (b) EIN             | (c) IRC<br>section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) ST PHILIP THE APOSTLE CATHOLIC SCHO<br>302 W. CHURCH STREET   | ATHOLIC SCH         |                     |                                       |                             |                                       |   |                                       | SUPPLEMENT BUDGET                  |
| EL CAMPO TX   | TX 77437            | 76-0621824          |                                       | 56,665                      |                                       |   |                                       |                                    |
| (2)   |                     |                     |                                       |                             |                                       |   |                                       |                                    |
| (3)   |                     |                     |                                       |                             |                                       |   |                                       |                                    |
| (4)   |                     |                     |                                       |                             |                                       |   |                                       |                                    |
| (5)   |                     |                     |                                       |                             |                                       |   |                                       |                                    |
| (9)   |                     |                     |                                       |                             |                                       |   |                                       |                                    |
| (7)   |                     |                     |                                       |                             |                                       |   |                                       |                                    |
| (8)   |                     |                     |                                       |                             |                                       |   |                                       |                                    |
| (6)   |                     |                     |                                       |                             |                                       |   |                                       |                                    |
| 2 Enter total number of section 501/c)/3) and government organizations listed   | 3) and government o | reanizations lister | athe tine 1 table                     | 1 table                     |                                       |   |                                       | •                                  |

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

| Schedule I ( | Schedule I (Form 990) (2017) ST. PHILIP SCHOOL ENDOWMENT Part III Grants and Other Assistance to Domestic Individuals. | PHILIP<br>er Assistance | SCHOOL<br>to Domest | ု  ပိ       | 74-2057215<br>emplete if the organization answered "Yes" on Form 990, Part IV, line 22 | Page 2   |
|--------------|--|-------------------------|---------------------|-------------|--|----------|
|              | Part III can be duplicated if additional space is needed   | iplicated if add        | ditional space      | e is needed |  | <i>,</i> |

| (e) Method of valuation (book, FMV, appraisal, other) |   |   |   | 2.2.2.2 |   |   |
|---|---|---|---|---------|---|---|
| (e) Method of valuation (book, FMV, appraisal, other) |   |   |   |         |   |   |
| (d) Amount of noncash assistance                      |   |   |   |         |   |   |
| (c) Amount of cash grant                              |   |   |   |         |   |   |
| (b) Number of recipients                              |   |   |   |         |   |   |
| (a) Type of grant or assistance                       | 2 | 3 | 4 | 5       | 9 | 7 |

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Part IV

88525

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

2017

Department of the Treasury Internal Revenue Service

 Open to Public Inspection

Name of the organization

ST. PHILIP SCHOOL ENDOWMENT FUND CHARITABLE TRUST

Employer identification number

74-2057215

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD OF TRUSTEES WILL REVIEW AND APPROVE THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST.