For	. 330	Under section 501(c), 527	organization Exempt Fig., or 4947(a)(1) of the Internal Revenue C	Code (except private	foundations)	2018
	artme&t of the Treasu	N D = 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	social security numbers on this form as			Open to Public
	nal Revenue Service		v.irs gov/Form990 for instructions and t		in. [[U]	Inspection
		alendar year, or tax year beginning		/31/19	D. Employer id	entification number
<u> </u>	Check if applicable		P SCHOOL ENDOWMENT		D Employer id	entineation number
Ц	Address change	Doing business as	RITABLE TRUST		74-20!	5721E
	Name change	E Telephone nu				
	Initial return	Number and street (or P O box if mail is not delive 304 W. CHURCH	<u> </u>		979-54	13-6836
	Final return/ terminated	City or lown, state or province, country, and ZIP of	or foreign postal code			
	Amended return	EL CAMPO	TX 77437		G Gross receipts	1,096,290
		F Name and address of principal officer		H(a) is i	his a group return for subor	dinates? Yes X No
Ш	Application pending	DAVID ZALMAN			• .	
		304 W. CHURCH ST.		/ H(b) Are	all subordinates include If "No," attach a list (see	
		EL CAMPO	TX 77437	5	ii No, allacira iist (see	: instructions)
<u> </u>	Tax-exempt status		(insert no) 4947(a)(1) or 5	27		
<u>J</u>		I/A			oup exemption number ion 1979 M	-
	art I St		Other ►	L Year of format	ion 1919 M	State of legal domicile 12
	 	Immary escribe the organization's mission or mos	t conficent activities			
•	· · · · ·	ST. PHILIP SCHOOL ENDOW	_	N THAT EXIS	TS TO PROVI	DE
nce		FOR THE MAINTENANCE, SU				
rna		IP THE APOSTLE CATHOLIC				
Governance	2 Check th		nued its operations or disposed of mor		et assets	
<u>ن</u> مع	ľ	of voting members of the governing body				B
Activities &	ľ	of independent voting members of the go			4	3
<u> </u>	5 Total nur	5	0			
Acti	6 Total nur	mber of volunteers (estimate if necessary	')		6	<u>3</u>
•	7a Total unr	elated business revenue from Part VIII,	column (C), line 12		7a	0
_	b Net unre	lated business taxable income from Form	n 990-T, line 38		7b	0
	0 0	trans and monte (Dod VIII Imp 4h)	_	2,535	Current Year 10,018	
BNN SCANNE	8 Contribut	tions and grants (Part VIII, line 1h)	2,333	0		
Ven	10 Investme	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, venue (Part VIII, column (A), lines 5, 6d,	62,473	365,559		
E S	11 Other rev	venue (Part VIII, column (A), lines 5, 6d,	24,370	25,745		
Č	12 Total rev	enue – add lines 8 through 11 (must equ	al Part VIII columnik A) line 42)		89,378	401,322
	13 Grants a	nd similar amounts paid (Part IX, column	(/1), 111(43) (-0)	1 1	56,665	61,948
Ź	14 Benefits	paid to or for members (Part IX, column	1.1			0
III S	15 Salaries,	other compensation, employee benefits	(Part IX column At lines 5=10)			0
Sasuadxa Expenses	16a Professio	onal fundraising fees (Part IX, column (A)	, line 11 e)			0
逆聲	b Total fun	draising expenses (Part IX, column (D),	ine 25) ▶ 0			
, Ciùi	17 Other exp	penses (Part IX, column (A), lines 11a–1	1d, 11f–24e)		1,650	1,650
16		enses Add lines 13–17 (must equal Pai	• • •		58,315	63,598
	19 Revenue	less expenses Subtract line 18 from lin	e 12	Pogunning	31,063 of Current Year	337,724 End of Year
Ssets or Salances	20 Total con	sets (Part X, line 16)			, 637 , 757	1,975,481
Asses	20 Total liab	ulities (Part X, line 16)			0	0
Net.		ts or fund balances Subtract line 21 from	n line 20	1	,637,757	1,975,481
·		gnature Block				
— Ui	nder penalties of	perjury, I declare that I have examined this re	turn, including accompanying schedules ar	nd statements, and to	the best of my know	ledge and belief, it is
tru	ue, correct, and c	omplete Declaration of preparer (other than	officer) is based on all information of which	preparer has any kno	owledge	<u> </u>
-		Lawrence Holl	schen			-1-2019
Sig	ın 🛮 🖊 s	ignature of officer			Date	- (
He	re 📘 _	LAWRENCE HOELSCHER	T	RUSTEE		
	T	ype or print name and title				
		e preparer's name	Preparer's signature		ate Check	If PTIN
Paid	1	CADEMUEAD	WHITE CADENIUE AD PLANT	<u></u>	0 / 31 / 19 self-employ	od D00057773

MASTERS & LUNSFORD

LLC

KENNEMER,

201 W. WEBB ST

42-1655494

979-543-6836

Firm's EIN ▶

Phone no

Preparer

Use Only

Part Statement of Program Service Accomplishments Check of Schedule Contens a response or note to any line in this Part III Birelly describe the organization's mission THE ST. PHILIP SCHOOL ENDOWMENT IS AN ORGANIZATION THAT EXISTS TO PROVIDE AID FOR THE MAINTENANCE, SUPPORT, IMPROVEMENT AND OVERALL BETTERMENT OF ST. PHILIP THE APOSTLE CATHOLIC SCHOOL IN EL CAMPO, TEXAS. Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 or 980-E2? If "Yes," describe these new services on Schedule O Did the organization ceases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's regorial merice accomplishments for each of its three largest program services, as measured by expenses Section 501(c(3)) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service expended 44 (Code	Form 990 (2018)	ST PHILIP SCHOOL	ENDOWMENT	74-2057215	Page 2
18 Individual to the organization's mission THE ST. PHILIP SCHOOL ENDOWMENT IS AN ORGANIZATION THAT EXISTS TO PROVIDE ALD FOR THE MAINTENANCE, SUPPORT, IMPROVEMENT AND OVERALL BETTERMENT OF ST. PHILIP THE APOSTIE CATHOLIC SCHOOL IN EL CAMPO, TEXAS: 2. Did the organization underfalse any significant program services during the year which were not listed on the price form 90 or 990-52? If Yes, 'describe these new services on Schedule O 3. Did the organization cases conducting, or make significant changes in how it conducts, any program services? If Yes, 'describe these changes on Schedule O 4. Describe the granulation's program service accomplishments for each of flat three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services reported 4. (Code). (Expenses \$ 62,998 including grants of \$ 61,948.) (Revenue \$ THE ST. PHILIP SCROOL ENDOWMENT GENERATES AND PROVIDES FUNDS TO ASSIST ST. PHILIP THE APOSTIE CATHOLIC SCROOL IN EL CAMPO, TEXAS WITTH MAINTENANCE, SUPPORT, IMPROVEMENT AND OVERALL BETTERMENT OF THE SCHOOL. 4. Code). (Expenses \$ including grants of \$). (Revenue \$) APOCIATE APOSTIE CATHOLIC SCROOL IN EL CAMPO, TEXAS WITTH MAINTENANCE, SUPPORT, IMPROVEMENT AND OVERALL BETTERMENT OF THE SCHOOL. 4. Code). (Expenses \$ including grants of \$). (Revenue \$) 4. Code (Code). (Expenses \$ including grants of \$). (Revenue \$) 4. Code (Code). (Expenses \$ including grants of \$). (Revenue \$) 4. Code (Code). (Expenses \$). (Revenue \$). (Reven		_			
THE ST. PHILIP SCHOOL ENDOWMENT IS AN ORGANIZATION THAT EXISTS TO PROVIDE ALD FOR THE MAINTENANCE, SUPPORT, IMPROVEMENT AND OVERALL BETTERMENT OF ST. PHILIP THE APOSTLE CATHOLIC SCHOOL IN EL CAMPO, TEXAS. 2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 if Yes, 1 describe these new services on Schedule 0. 3. Did the organization cease conducting, or make significant changes in how it conducts, any program services conducting, or make significant changes in those largest program services, as measured by expenses Section 50 ((c)) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, 4 any, for each program service reported 4a. (Code 1) (Expenses \$ 62,998 including grants of \$ 61,948) (Revenue \$ 7 THE ST. PHILIP SCHOOL ENDOWMENT GENERATES AND PROVIDES TO ASSIST ST. PHILIP STREAMENT AND OVERALL BETTERMENT OF THE SCHOOL. 4b. (Code 1) (Expenses \$ including grants of \$ 0,000 (Revenue \$ 0,000 (Revenu			<u>is a response or note to any line in</u>	this Part III	
prior Form 990 or 990-EZ? If Yes, 190-EX between the services on Schedule O Dot the organization cease conducting, or make significant changes in how it conducts, any program services. If Yes, 190-EX how if Yes, 190-EX how it Yes, 190-EX	THE ST. AID FOR	PHILIP SCHOOL ENTIRE THE MAINTENANCE	, SUPPORT, IMPROVEMEN	IT AND OVERALL BETTE	TO PROVIDE RMENT OF ST.
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services. If "Yes," describe these changes on Schedule 0 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses. And revenue, if any, for each program service reported 4a (Code) (Expenses \$ 62, 998 including grants of \$ 61, 948) (Revenue \$ 7 THE ST. PHILIP SCHOOL ENDOWMENT GENERATES AND PROVIDES FUNDS TO ASSIST ST. PHILIP THE APOSITIE CATHOLIC SCHOOL IN EL CAMPO, TEXAS WITH MAINTENANCE, SUPPORT, IMPROVEMENT AND OVERALL BETTERMENT OF THE SCHOOL. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 7c	prior Form 9	990 or 990-EZ?		were not listed on the	Yes X No
4 Code	services?			any program	Yes X No
THE ST. PHILIP SCHOOL ENDOWMENT GENERATES AND PROVIDES FUNDS TO ASSIST ST. PHILIP THE APOSTLE CATHOLIC SCHOOL IN EL CAMPO, TEXAS WITH MAINTENANCE, SUPPORT, IMPROVEMENT AND OVERALL BETTERMENT OF THE SCHOOL. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d (Cher program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 62,998	4 Describe the expenses S	e organization's program service a Section 501(c)(3) and 501(c)(4) or	accomplishments for each of its three large ganizations are required to report the amo		
Ac (Code) (Expenses \$ including grants of \$) (Revenue \$) N/A 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 62,998	THE ST. PHILIP	PHILIP SCHOOL EN	NDOWMENT GENERATES AN OLIC SCHOOL IN EL CAN	ND PROVIDES FUNDS TO 1PO, TEXAS WITH MAIN	
N/A 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 62,998) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 62,998) (Expenses \$	including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 62,998	- , 				
4e Total program service expenses ► 62,998	, ,	•	·		
- 000) (Revenue \$)
		im service expenses >	02,338		5 QQQ (55-15)

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Part IV Checklist of Reduired Schedules	Part IV	Checklist o	f Required Schedules
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<u> P</u>	art IV Checklist of Required Schedules			r
4	La Norman Annual Control of the Control of C	_	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	x	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
Ū	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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, Part III	5		X
6	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			l
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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? If "Yes,"			l
	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			l
	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	l		
	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,"			v
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		х
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	The state of the s	11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a		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		X
5	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
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		l	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
7	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
8	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	X	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		Ì	**
	If "Yes," complete Schedule G, Part III	19		$\frac{\mathbf{x}}{\mathbf{x}}$
0a	· · · · · · · · · · · · · · · · · · ·	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	\mathbf{x}	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41	A	

	artiv Checklist of Required Schedules (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	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			3.5
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u> </u>
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		<u> </u>
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)	ŀ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		_X_
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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, Part VI	37		X
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	х	
P	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			
	Check is concedude a contained a reaponed of flate to any line in the fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
la b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	┪		
·	reportable gaming (gambling) winnings to prize winners?	1c		x
	reportable gamming (gamming) to price minimore		m 990	(2018)

_Pa	int V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
	The state of the state of the form well of the state of Tax		Yes No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
	otatements, med for the scholar year enemy war or warm the year extense by	- "	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a	x
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	44	- ^
Ь	If "Yes," enter the name of the foreign country		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5a	x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	x
	organization solicit any contributions that were not tax deductible as charitable contributions?	0a	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	
-	gifts were not tax deductible?	65	
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	7a	
L.	and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	
	required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	10	
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		7f	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	'''	
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	
^			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
b 10		35	
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12		
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
ь 11	Section 501(c)(12) organizations. Enter	_	
	Gross income from members or shareholders		
a	Gross income from other sources (Do not net amounts due or paid to other sources		
b	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	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- I	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
а	Note. See the instructions for additional information the organization must report on Schedule O	100	
h	Enter the amount of reserves the organization is required to maintain by the states in which		
b	the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand	-	
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
10		15	x
	excess parachute payment(s) during the year?	'	
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	x
16		''	
	If "Yes," complete Form 4720, Schedule O		

	1 990 (2018) ST PHILIP SCHOOL ENDOWMENT /4-205/215			age 6
Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ınstr	uctioi	
	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	_		
	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			
b	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	_	<u>X</u>
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	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			
	The governing body?	8a	x	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	05		
9		9		х
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C			11
Sec	tion B. Policies (This Section B requests information about policies not required by the internal Nevenue C	iode /	Yes	No
40-	Did the executation have lead charters branches or offiliates?	10a	163	X
	Did the organization have local chapters, branches, or affiliates?	IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	.	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	37
b		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		X
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 (1024 or 1024-A 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			
		9-54	3-6	836
	· · · · · · · · · · · · · · · · · ·	= =		

Part VII	Compensation of	f Officers,	Directors,	Trustees,	Key Employe	es, Highest (Compensated	Employees	, and
•	Independent Co.	ntractors							

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

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

(A) Name and Title	(B) Average hours per week (list any	bo. off	x, unle īcer a	Pos check ess pe	rson	than one s both a r/trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DAVID ZALMAN										
	1.00					1 1		•		_
TRUSTEE	0.00	X			ļ		_	0	0	0
(2) DONALD SUTTON	1 00									
	1.00	37			•			0	_	0
TRUSTEE	0.00	X			-	\vdash	\dashv	0	0	<u> </u>
(3) KIM SOCHA	1 00									
MOLLOMER	1.00	x						0	o	0
TRUSTEE (4) REV. MICHAEL ROT	0.00	├	 -			┝╌┼╴	\dashv	<u> </u>		<u> </u>
(4) REV. MICHAEL RO	1.00									
TRUSTEE	0.00	x						0	o	0
(5) LAWRENCE HOELSCH			\vdash			+	\dashv			
(3) IRWINELICE HODDOO	1.00									
TRUSTEE	0.00	x						0	o	0
(6) GLORIA MAREK										
(0, 0	1.00									
TRUSTEE	0.00	x						0	0	0
(7) JAMES BOULIGNY										
	1.00									
TRUSTEE	0.00	X						0	0	0
(8) LINDA BOLCIK	-								-	
	1.00									
TRUSTEE	0.00	X						0	0	0
(9)						li				
(10)			-							
(11)										
										5990 (2010)

'Pa	rt VII . Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
	Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	coi	(F) Estimation amount other other from the	t of r ation	
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 1000 IIII00)	or a	ganıza nd rela ganıza	ition ited	
														•
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	Sect	ion A	۱	<u> </u>		> > >						
2	Total number of individuals (in reportable compensation from				thos	e lıs	ted a	bov	ve) who received more than	\$100,000 of				
3	Did the organization list any for employee on line 1a? If "Yes,	ormer officer, dir	ecto	r, or					loyee, or highest compensa	ited		3	Yes	No X
4	For any individual listed on lin organization and related organization	e 1a, is the sum nizations greater	of re thar	porta 1 \$15	able 60,00	com 00? /	pens f "Ye	satio s," o	complete Schedule J for su	ch		4		x
5	Did any person listed on line for services rendered to the o									ındıvıdual		5		х
Sect 1	on B. Independent Contractor Complete this table for your fi	ve highest comp	ensa	ited i	nde	pend	lent c	ont	tractors that received more t	than \$100,000 of				
	compensation from the organ	zation Report co (A) I business address	omp	ensa	tion	for t	he ca	len	dar year ending with or with	in the organization's tax ye (B) tion of services	<u>∍ar</u>	Cor	(C)	ıon
						_								
							_							-
													,	
2	Total number of independent received more than \$100,000								ose listed above) who	0				
DAA	· · · · · · · · · · · · · · · · · · ·								· · · · · · · · · · · · · · · · · · ·			Form	n 990	(2018

	nt y	Check	If Schedule C	con	itains a	response o	r note to any line	in this Part VIII		
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t t	1a	Federated can	npaigns	1a						
iz il	b	Membership d		1b						
S,E	С	Fundraising ev	ſ	1c						
業品	d	Related organ	F	1d						
s, C	е	Government grants	(contributions)	1e						
P.S	f	All other contribution	ns, gifts, grants,							
캺		and similar amounts	not included above	1f		10,018				
딅	g	Noncash contributio	ns included in lines 1a-1	f	\$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	es 1a–1f			•	10,018	· · · · · · · · · · · · · · · · · · ·		
Program Service Revenue						Busn Code				
ven	2a									
, Re	b	ı								
Ş	С									
Ser	d									
am	е									
ğ	f	All other progr	am service rever	ue					· · · · · · · · · · · · · · · · · · ·	<u> </u>
تة	g	Total. Add line	es 2a-2f							r
	3	Investment inc	come (including o	ıvıder	ids, intere	est,				
		and other simi	•			P	61,421	61,421		
	4	Income from II	nvestment of tax-	exem	pt bond p	roceeds 🕨 📙		_		<u> </u>
	5	Royalties								
			(ı) Real		(11)	Personal				
		Gross rents								
		Less rental exps			· -					
		Rental inc or (loss)								
	d 7a	Net rental inco	· · · · · · · · · · · · · · · · · · ·		· ·	<u> </u>				
	-	sales of assets	(i) Securities	106	(11) Other	•			
		other than inventory	997,	100						
	b	Less cost or other	692,	060						
ĺ		basis & sales exps	304,							
		Gain or (loss)		130	l		304,138	304,138		
		Net gain or (lo		ا			304,130	301,130	-	
a	ба	(not including \$	om fundraising ever	15						
Ş			eported on line 1c)							
Other Revenue		See Part IV, line		а		27,745				
ğ	h	Less direct ex		ь		2,000				
₹			(loss) from fundi	(events	<u></u>	25,745			
			om gaming activities		, 0.0.110					
	- Cu	See Part IV, line		a						
	h	Less direct ex		ь						
			(loss) from gami	na ac	tivities	•				
		Gross sales of					-			
		returns and all		а						
	ь	Less cost of g		ь						
		-	(loss) from sales	of in	ventory	•				
Ì		-	cellaneous Revenue			Busn Code				
ľ	11a									
	b									
	c									
	d	All other reven	iue							
	е	Total. Add line	es 11a–11d			•				
	12	Total revenue	e. See instruction	s		▶ [401,322	365,559	0	0

Part IX	O4 - 4	of Functional	· • · · · · · · · · · · · · · · · · · ·
Partit	· Statement	AT FIINCTIANAI	FYNANCAC

Sect	ion 501(c)(3) and 501(c)(4) organizations must of Check if Schedule O contains a resp			ripiete column (A)	
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	61,948	61,948		
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				
	ındıvıduals 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		Ì		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<u> </u>
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	•				
c C	Accounting Lobbying				
d					
e f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g					
9	(A) amount, list line 11g expenses on Schedule O)	1,050	1,050		
12	Advertising and promotion				
13	Office expenses	600		600	<u> </u>
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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				
24	Other expenses Itemize expenses not covered				
	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					
b					
C					
d	All others are a	-			<u> </u>
	All other expenses	63,598	62,998	600	0
25 26	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	03,396	02,330	300	<u> </u>
20	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2018)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (R) Beginning of year End of year 240,698 153,884 1 Cash-non-interest bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 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 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c 10b b Less accumulated depreciation 1,821,597 1,397,059 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,975,481 1,637,757 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 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 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 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 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,637,757 27 1,975,481 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 1,637,757 1,975,481 33 33 Total net assets or fund balances 1,975,481 1,637,757 Total liabilities and net assets/fund balances

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

3b						
For	m	9	90) (:	201	8)

3а

Schedule O

the Single Audit Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Internal Revenue Service

Name of the organization

ST PHILIP SCHOOL ENDOWMENT

Employer identification number 74-2057215

			FOND CHARTIN	BLE IKOSI			74 203	7213
Р	art l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part) See instructio	ns
The	orga	nization is not	a private foundation becaus	se it is (For lines 1 through 12, o	check only	y one box	:)	$\bigcap Q$
1		A church, co.	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1)(A)(i).	() (
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ))		
3	П			ce organization described in sec			iii).	1
4	П	A medical re	search organization operate	d in conjunction with a hospital o	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name,
		city, and stat	e	-				
5		-		of a college or university owned	or operat	ed by a g	overnmental unit described in	
			(b)(1)(A)(iv). (Complete Part		•	, ,		
6				overnmental unit described in s	ection 17	'0(b)(1)(A	۱)(٧).	
7	П			substantial part of its support fro				:
	ш	•	section 170(b)(1)(A)(vi). (C	•			•	
8		A community	trust described in section 1	I70(b)(1)(A)(vi). (Complete Part	II)			
9	\Box	An agrıcultur	al research organization des	cribed in section 170(b)(1)(A)(i	x) operate	ed in con	unction with a land-grant colle	ge
		or university university	or a non-land-grant college of	of agriculture (see instructions)	Enter the	name, c	ty, and state of the college or	
10	X	-	on that normally receives (1	1) more than 33 1/3% of its supp	ort from	contributi	ons, membership fees, and gro	oss
				npt functions—subject to certain				
				nd unrelated business taxable in				
			•	0, 1975 See section 509(a)(2).				
11		•	•	exclusively to test for public safe	-			
12				exclusively for the benefit of, to				
				zations described in section 509 nat describes the type of suppor				
	_							
	а	<u> </u>		erated, supervised, or controlled ver to regularly appoint or elect	-		-	ilg
			• • • • • • • • • • • • • • • • • • • •	omplete Part IV, Sections A a		0, 110 01	iostoro di traditado di trio	
	b		• •	pervised or controlled in connec		its suppo	rted organization(s), by having	
	-			ting organization vested in the s				
				Part IV, Sections A and C.	·			
	С			upporting organization operated tructions) You must complete				ith,
	d	Type III r	non-functionally integrated	i. A supporting organization ope	rated in c	onnection	n with its supported organization	n(s)
				e organization generally must sa				ess
				nust complete Part IV, Section				
	е			eived a written determination fron n-functionally integrated support			s a Type I, Type II, Type III	
	f	Enter the nun	mber of supported organizati	ons				
	g	Provide the fo	ollowing information about th	e supported organization(s)				<u> </u>
() Nam	e of supported	(n) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see insudctions))	Yes	No	matractionay	instructions)
(A)								
(^/								
(B)					· · · · · · · · · · · · · · · · · · ·			-
(0)								
(C)								
(D)					-			
/E\								
(E)								
	-							
ota	ıl		i		İ	i		

Page 2

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

1 Grits, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without change 4 Total. Add lines 1 through 3 5 The portion of fotal contributions by each person (other than a governmental unit or publicly supported organization (other than a governmental unit or publicly supported organization) included on a governmental unit or publicly supported organization included on the strength of the str	Sec	tion A. Public Support					<u> </u>	
membership fees received (Do not include any "unusual grants") 2 Tox revenues leved for the organization's benefit and either paid to or expended on its behalf at the paid to or expended on its behalf at the paid to organization's benefit and either paid to organization without charge organization without charge organization without charge organization without charge organization included on line for the post of the post			(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
organization's benefit and either paid to or expended on its behalf and to or expended on the behalf and to or expended on the behalf and to organization without charge and the organization without charge and the organization of total contributions by each person (other than a governmental unit of bublety supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 8 Public support, Subteact line 5 from line 4 8 Occision B. Total Support 2 Callendar year for fiscal year beginning in) 7 Announts from line 4 8 Occision from sine 4 8 Occision from unrelated business activities, which is a support service of the sine of the sin	1	membership fees received (Do not						
furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a supported organization) included on line 1 that exceeds 2% of the amount shown on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 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) 10 Total support. Add lines 7 through 10 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 5ection C. Computation of Public Support Percentage 4 Public support percentage from 2017 Schedule &/Fart II, line 14 15 Public support percentage from 2017 Schedule &/Fart II, line 14 16 Public support percentage from 2017 Schedule &/Fart II, line 14 17 Whatcts-and-circumstances test—2018. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization plantifies as a publicly supported organization 17 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 6b, 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, check this box and stop here. Explain in Part VI how 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, che	2	organization's benefit and either paid						
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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. b 10%-facts-and-circumstances test—2017. 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. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		- ,				Co. or 16h. and len	. 14.0	
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b 10%-facts-and-circumstances test—2017. 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. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		, , , , , , , , , , , , , , , , , , ,						
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supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	U							
supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		· · · · · · · · · · · · · · · · · · ·						▶ [
instructions /	18	· · · · · · · · · · · · · · · · · · ·	l not check a box	on line 13, 16a, 16	ib, 17a, or 17b, ch	eck this box and se	ee	_
		instructions						▶ [
		/						

Page 3

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	quality diluci ti	ne tests listed i	ociow, picase o	omplete Fart in y		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership						
	fees received (Do not include any "unusual grants")				2,535	10,018	12,553
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	89,166	178,009
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid 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	99,184	190,562
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						190,562
Sec	tion B. Total Support						130,302
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				91,378	99,184	190,562
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						
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, and 12)				91,378	99,184	190,562
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ve			
• •	organization, check this box and stop her		.,				▶□
Sec	tion C. Computation of Public St	ipport Percen	tage				
15	Public support percentage for 2018 (line 8	, column (f), dıvıde	ed by line 13, colur	mn (f))		15	100.00%
16	Public support percentage from 2017 Sch	edule A, Part III, lii	ne 15			16	100.00%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2018 (I			3, column (f))		17	<u>%</u>
18	Investment income percentage from 2017					18	%_
19a	33 1/3% support tests—2018. If the orga						▶ X
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests—2017. If the orgal line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did						▶ □
20	Fireate foundation. If the organization di	S HOL GHOOK & DOX	o mio 14, 158, 01	. CD, GIOCK HIS DO	555 111511451161		· —

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)

Seci	ion A. All Supporting Organizations	,	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		res	NO
•	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			
	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	<u>-</u>		
Ja	•	3a		
L	(b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	54		
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
		3b		
_	organization made the determination	35		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	20		
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		<u> </u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4.0		
_	"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	1		
	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		
þ	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		
С	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			
	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			
	(as 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 Part VI.	9a		
b	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			
u	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	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)	10b		

	rt IV Supporting Organizations (continued)			
ı a	Supporting Organizations (continued)		Yes	No
	· · · · · · · · · · · · · · · · · · ·		162	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		
	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		
Sect	ion B. Type I Supporting Organizations			
		-	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			ļ
	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		
Sect	ion 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		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	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	-		
2	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	3		
24	supported organizations played in this regard ion 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)			
a	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 instruct	ions)		
_		ſ	Vs-	
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 explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2018 ST PHILIP SCHOOL ENDOWMENT		74-2057	215 Page 6
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	aniz <u>a</u>	tions	
1 (Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v 20,	1970 (explain in Part VI) S	ee
i	nstructions. All other Type III non-functionally integrated supporting organizations mus	t com	plete Sections A through E	
Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	overies of prior-year distributions	2		
3 Oth	er gross income (see instructions)	3		· · · · · · · · · · · · · · · · · · ·
4 Add	lines 1 through 3	4		
5 Dep	reciation and depletion	5		
6 Port	tion of operating expenses paid or incurred for production or			
collectio	on of gross income or for management, conservation, or			
mainten	ance of property held for production of income (see instructions)	6		
	er expenses (see instructions)	7		
8 Adj	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section E	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	regate fair market value of all non-exempt-use assets (see	,		
ınstructı	ons for short tax year or assets held for part of year)			
	Average monthly value of securities	1a		·
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fact	ors (explain in detail in Part VI)			
2 Acq	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	tract line 2 from line 1d	3		
	h deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	ructions)	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		· ·
	tiply line 5 by 035	6		
7 Rec	overies of prior-year distributions	7		
8 Min	imum Asset Amount (add line 7 to line 6)	8		······································
Section C	- Distributable Amount			Current Year
1 Adju	isted net income for prior year (from Section A, line 8, Column A)	1_		
	er 85% of line 1	2		
	mum asset amount for prior year (from Section B, line 8, Column A)	3		
	er greater of line 2 or line 3	4		
	me tax imposed in prior year	5		
	ributable Amount. Subtract line 5 from line 4, unless subject to			1
	ncy temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally integrated		I supporting organization (see
	nstructions)	••	• • • • • •	

Schedule A (Form 990 or 990-EZ) 2018

Par	t V Type III Non-Functionally Integrated 509(a)(3)	 	tions (continued)	ZIJ Page
, ui	Type III (4011-1 unctionally integrated 600(u)(0)	Capporting Organiza	tiono (commuca)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purpos	es of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations	<u></u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdıstributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
-	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
	Excess from 2015			
С	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ST PHILIP SCHOOL ENDOWMENT 74-2057215 FUND CHARITABLE TRUST Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 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 sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

Schedule D	(Form 990) 2018 ST PHILI	P SCHOOL END	DOWMENT	74-2	057215	Page
Part III	Organizations Maintainii	ng Collections of A	Art, Historical Tre	easures, or Othe	r Similar Assets	(continued)
	the organization's acquisition, acces ion items (check all that apply)	sion, and other records,	check any of the follo	owing that are a signifi	cant use of its	
a 🗌 Pu	blic exhibition	d 🔲 Lo	oan or exchange prog	rams		
b Sc	holarly research	e 🗍 O	ther			
c Pro	eservation for future generations	_				
4 Provide	e a description of the organization's	collections and explain h	now they further the o	rganization's exempt i	ourpose in Part	
XIII						
5 During	the year, did the organization solicit	or receive donations of	art, historical treasure	es, or other similar		
assets	to be sold to raise funds rather than	to be maintained as pai	rt of the organization's	s collection?		Yes N
Part IV	Escrow and Custodial A					
	Complete if the organization	on answered "Yes" o	on Form 990, Par	t IV, line 9, or rep	orted an amount	on Form
	990, Part X, line 21				. <u> </u>	
1a Is the	organization an agent, trustee, custo	dian or other intermedia	ry for contributions or	other assets not		
ınclude	ed on Form 990, Part X?					☐ Yes ☐ N
b If "Yes	," explain the arrangement in Part XI	III and complete the follo	wing table			
						Amount
c Beginn	ning balance				1c	
d Additio	ns during the year				1d	
e Distribi	utions during the year				1e	
f Ending	balance				1f	
	e organization include an amount on	·				Yes N
	," explain the arrangement in Part XI	II Check here if the exp	lanation has been pro	ovided on Part XIII		
Part V	Endowment Funds.					
	Complete if the organization					T
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	ning of year balance	1,637,757	1,606,694	1,592,979		
b Contrib		37,763	28,905	33,961	<u> </u>	
c Net inv	restment earnings, gains, and	265 550	60 470	44 020		
losses		365,559	62,473	44,038		
	or scholarships		·		<u> </u>	
	expenditures for facilities and	61 040	E 6 6 6 E	60 700		
prograi		61,948	56,665 3,650	60,709 3,575	 	-
	strative expenses	3,650 1,975,481	1,637,757	1,606,694		
•	year balance				 	
	e the estimated percentage of the cu designated or quasi-endowment ▶		(ilile 19, coluiliii (a)) i	ieiu as		
	nent endowment					
	orarily restricted endowment	%				
•	ercentages on lines 2a, 2b, and 2c sl					
	ere endowment funds not in the poss		on that are held and a	dministered for the		
	zation by	occording of the organization				Yes N
J	related organizations					3a(ı) X
	ated organizations					3a(ii) X
	" on line 3a(ii), are the related organi	zations listed as require	d on Schedule R?			3b
	be in Part XIII the intended uses of t					
Part VI	Land, Buildings, and Eq					
	Complete if the organization		on Form 990, Par	t IV, line 11a See	Form 990, Part	X, line 10
	Description of property	(a) Cost or other bas			ccumulated	(d) Book value
		(investment)	(other) de	preciation	
1a Land						
b Buildin	gs					
	nold improvements					
d Equipn	·					
e Other						
	nes 1a through 1e (Column (d) mus	t equal Form 990, Part X	(, column (B), line 10d	;)	•	

Schedule D (F	form 990) 2018 ST PHILIP SCHOOL ENDO	WMENT	74-2057215	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, III	ne 1 <u>1b See</u> Form 990, F	^o art X, line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial	derivatives			
• •	eld equity interests			
(3) Other	od equity interests			
(a) Other (A)			 	
				
(B)			<u> </u>	· · · · · · · · · · · · · · · · · · ·
(C)				
(D)			<u> </u>	
(E)			<u> </u>	
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII	Investments—Program Related.		-	 -
	Complete if the organization answered "Yes" on	Form 990, Part IV, III	ne 11c See Form 990, F	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-year	f valuation
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)			 	
(3)		·	 	
(4)		 		
			 	
(5)		-	+	
(6)				·
(7)			 	
		-		
<u>(9)</u>				
	n (b) must equal Form 990, Part X, col (B) line 13) ▶		<u> </u>	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, Iir	<u>ie 11d See Form 990, F</u>	art X, line 15
	(a) Description			(b) Book value
			· · · · · · · · · · · · · · · · · · ·	
_(2)				<u> </u>
(3)				
(4)				
(5)		<u> </u>		
(6)				
(7)				
(8)				
(9)			-	
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		
raitx	Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11e or 11f See Form	990, Part X,
	line 25	(h) David	T	
1.	(a) Description of liability	(b) Book value	-	
	income taxes		4	
_(2)			_	
(3)				
_(4)			_	
_(5)			_	
(6)				
(7)				
(8)				
(9)			1	
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶		1	
		·	• • • • • • • • • • • • • • • • • • • 	

4b

Part XIII Supplemental Information.

Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Subtract line 2e from line 1

b Other (Describe in Part XIII) c Add lines 4a and 4b

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.

3

4c

5

Part XIII · Supplemental Information (continued)

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

ST PHILIP SCHOOL ENDOWMENT

Employer identification number

FUND CHARITABLE TRUST 74-2057215 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(vi) Amount paid to (v) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity from activity organization fundraiser listed in or entity (fundraiser) control of contributions col (ı) Yes No 1 10 ▶ **Total**

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2018 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 NONE READ-A-THON (add col (a) through (total number) col (c)) (event type) (event type) 27,745 27,745 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 27,745 27,745 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 2,000 2,000 9 Other direct expenses 2,000 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 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 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) Enter the state(s) in which the organization conducts gaming activities Yes No is the organization licensed to conduct gaming activities in each of these states? 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) 2018 ST PHILIP SCHOOL ENDOWMENT	74-205721	5	P	age 3
11	Does the organization conduct gaming activities with nonmembers?	· · · · · · · · · · · · · · · · · · ·		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		<u> </u>	. 1	г¬
4.0	formed to administer charitable gaming?		□ `	Yes	∐ No
13	Indicate the percentage of gaming activity conducted in The organization's facility	13a	1		%
a b	An outside facility	13b			/ %
14	Enter the name and address of the person who prepares the organization's gaming/special events books a				
	records				
	Name ▶				
	Address ▶				
15a	•		<u></u>	Yes	□No
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	ш	, 63	
	amount of gaming revenue retained by the third party > \$				
С	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			,	
	retain the state gaming license?		□ `	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of	ſ			
	spent in the organization's own exempt activities during the tax year ► \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2	b columns (III) and (v), and	<u> </u>	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any				
	See instructions				
	N N				

Open to Public Inspection OMB No 1545-0047 2018 Employer identification number 74-2057215 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. ST PHILIP SCHOOL ENDOWMENT FUND CHARITABLE TRUST Department of the Treasury Internal Revenue Service Name of the organization SCHEDULEI (Form 990)

	X Yes	ered "Yes" on Form 990,	(h) Purpose of grant or assistance	SUPPLEMENT BUDGET	i i							
	P	anization answ eeded	(g) Description of noncash assistance									
	or assistance, an	plete if the orga	(f) Method of valuation (book, FMV, appraisal, other)									
	ants or assistance, the grantees' eligibility for the grants or assistance, and rant funds in the United States	zations and Domestic Governments. Complete if the organization han \$5,000 Part II can be duplicated if additional space is needed	(e) Amount of non- cash assistance									
	istance, the grantees' in the United States	ind Domestic Go	(d) Amount of cash grant		61,948							
:	ants or assi	zations a	(c) IRC section (if applicable)									
Assistance	e amount of the grace? se? itoring the use of g	nestic Organiz eceived more t	(a)		76-0621824							
General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	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	(a) Name and address of organization or government	ATHOLIC SCH	TX 77437 7							
Part I	1 Does the o the selectic 2 Describe in	Part II	1 (a) N	(1) ST PHIL. 302 W. C	EL CAMPO (2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)

Schedule I (Form 990) (2018)

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (F	Schedule I (Form 990) (2018) ST PHILIP SCHOOL ENDOWMENT	HOOL ENDOWMENT	7.	74-2057215		Page 2.
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed	Domestic Individuals	. Complete if the o	rganization answere	1 "Yes" on Form 990, Part	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2						
"						
4						
u						
5						
9						
^						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ide the information requ	ured in Part I, line	2, Part III, column (b)	, and any other additional	Information

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.

2018

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

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.