Form 990

(Rev January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2019
Open to Public Inspection

Inter	rnal Rever	nue Service			Go to www	rs.gov/Form990 fo	r instructions	and the latest	information.	$\sim 10)0$	<u> </u>	nspectio	on
Α	For th	ne 2019 ca	alendar ve	ear, or tax year t	peginning 0	4/01/19 ,	and ending	03/31/	20				
В	Check if a	1	C Name of c			SCHOOL END				D Employe	r identification	on number	
$\overline{\Box}$	Address o			•		ITABLE TRUS							
\vdash	Vagie 22 (cliange	Doing bus		OND CHIAN	TIADAD INC.	<u>, </u>			71-2	05721	5	
\sqcup	Name cha	ange		nd street (or P O box	if mail is not deliver	red to street address)			Room/suite	E Telephon		<u> </u>	
	Initial retu	ım		W. CHURCH		ou to 51. 551 audi 555)					543-6	836	
H	Final retur		City or tov	vn, state or province, c	ountry, and ZIP or	foreign postal code			·				
ш	terminate	ed	EL C			TX 77437						305	5,584
\Box	Amended	i return		address of principal of	officer	TA 11431				G Gross rec	eipts \$, 304
一	Ameliana -	i i		• •					H(a) Is this a	group return for si	ubordinates?	Yes	X No
Ш	Applicatio	on pending		RENCE HOE						g p	1		\equiv
		ŀ	304	W. CHURC	CH ST			2	H(b) Are all	subordinates incli	uded?	Yes	∐ No
		ŀ	EL (CAMPO		TX 77	437		If "I	No," attach a list	(see instruction	ons)	
$\overline{}$	Tax-exer	mpt status	X 50	01(c)(3) 501(c	e) () d	(insert no) 4	947(a)(1) or	52/					
.1	Website		/A	1-7-7	·	,		1	H(c) Group	exemption numbe	. .		
<u>-</u>			X Corp	aration Taxas	Annaustra	Other >			rear of formation		M State of I	local domini	e TX
	Part I	organization		oration Trust	Association	Other		1-15-	real of formation	1313	M State of	.egai gomicii	2 -41
	$\overline{}$		mmary						 .			——	
	1 6	-		-		significant activities							
æ	1	THE :	ST. PH	ILIP SCHOO	L ENDOWM	ENT IS AN C	ORGANIZA!	TION THA	T EXISTS	TO PRO	JIDE		
ä		AID I	FOR TH	E MAINTENA	NCE, SUP	PORT, IMPRO	VEMENT 2	AND OVER	ALL BETT	ERMENT (OF ST.		
Governance					-	SCHOOL IN E			_				
Š	1 2								50/ 02/10 701				
Ö	2	Check this	s box ►	I if the organiza	tion discontinu	ed its operations of (Part VI, line 1a)	or disposed of	E16 ED2:	ow of its net a	assets I _ I	•		
ంర						The state of the s			781	3	8		
Activities &	4 1	Number o	of independ	lent voting memb	pers of the gov	erning body (Par	VI, line 1b)		۱ö۱	4	8		
₹	5 7	Total num	nber of indi	viduals employed	d in calendar y	ear 2019 (Part V	(ine 2a) 111N	0 1 2020	RS-O	5	0		
걍	6 7	Total num	ber of vol	unteers (estimate	of necessary)		121	. •	一三	6	8		
⋖				,	• •	olumn (C), line 12	M		г 1	7a			0
					•	• • •	1 OG	DEN, U	<u>'</u>	7b			- 0
	1 01	ivet unitera	ated busin	ess taxable incon	ne nom Form	990-1, line 39	1		Prior '			rrent Year	
	ا	O 4 b 4-		(Dt) (III -l-	46\			†		10,018	Cu		331
Revenue				rants (Part VIII, II				ŀ		10,010			33+
e	l .	•		renue (Part VIII, I	•			}					
્રે	10 1	Investmer	nt income	(Part VIII, columr	n (A), lines 3, 4	i, and 7d)		Ļ		65,559		111,	
Œ	11 (Other reve	enue (Part	VIII, column (A).	lines 5, 6d, 8d	c, 9c, 10c, and 11e	e)			25,745		<u>23,</u>	<u>, 095</u>
	12 7	Total reve	enue – add	lines 8 through	11 (must equa	l Part VIII, column	(A), line 12)		4	01,322		143,	415
	13 (Grants an	nd sımılar a	mounts paid (Pa	rt IX. column (A), lines 1–3)				61,948		60,	900
				or members (Par				Ì					0
) lines 5 10)	ŀ					0
enses	1				-	Part IX, column (A), inles 5–10)	}		 +			0
ë				sing fees (Part I)				_					
Exp	b1	Total fund	traising ex	penses (Part IX,	column (D), lın	ne 25) ▶		0 [
ш	17 (Other exp	enses (Pa	rt IX, column (A),	, lines 11a-116	d, 11f-24e)		L		1,650		<u> </u>	416
	18 7	Total expe	enses Ado	d lines 13–17 (mi	ust equal Part	IX, column (A), line	e 25)			63,598		71,	316
	19 F	Revenue I	less exper	nses Subtract lin	e 18 from line	12		ſ	3	37,724		72.	099
2 8	<u> </u>					· -			Beginning of (En	nd of Year	
ets	20 7	Total asse	ets (Part X	. line 16)					1,9	75,481	2	,047,	580
(Net Assets or	21			X, line 26)				T I		0			0
Set	22 1		•	palances Subtrac	at line 21 from	lino 20		ŀ	1 0	75,481		,047,	580
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7			Zav	vrence	bue	lsche	~						
Sic	์ ก	Sig	gnature of offi	cer			-		•	Date			
Ã.	re	 	T.AWRE	ENCE HOEL	SCHER			TRUST	ee.				
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	parer	Firm's nam	ne	KM&L, L	LC_					Firm's EIN	42-	16554	194
Ûŝε	Only			201 W.									
		Firm's add	Iress L	EL CAMP		77437				Phone no	979-	543-6	6836
Mar	the ID					/e? (see instruction	ne)			Filone no		X Yes	
_							113)	 -					No
DAA		vork Redu	COON ACT N	lotice, see the sep	Jarate Instruction	UIIS						Form 99	U (2019)

	P SCHOOL ENDOWME	NT /4	4-205/215	Page 2
	Program Service Accompl			₹
	lule O contains a response	<u>or note to any line in th</u>	nis Part III	X
1 Briefly describe the organization		TO AN ODCANTO	AMION MUAM EVICAC M	
			ATION THAT EXISTS T AND OVERALL BETTER	
	TLE CATHOLIC SCHO	•		MENI OF SI.
Inibit ind Aros	THE CAINOLIC SCHO	OL IN EL CAMP	o, idans.	
2 Did the organization undertail	ke any significant program service	s during the year which wer	re not listed on the	
prior Form 990 or 990-EZ?	,g			Yes X No
If "Yes," describe these new	services on Schedule O			
3 Did the organization cease of	onducting, or make significant cha	inges in how it conducts, an	ny program	_
services?				Yes X No
If "Yes," describe these chan	=			
•	•		program services, as measured by	
			t of grants and allocations to others,	
the total expenses, and rever	nue, if any, for each program servi	ce reported		
1- (0-t-	62 650		60 000 \ (0	
4a (Code) (Expense		cluding grants of \$	60,900) (Revenue \$) 20070m om
			PROVIDES FUNDS TO	
			O, TEXAS WITH MAINT	ENANCE,
SUPPORT, IMPROVI	EMENT AND OVERALI	BETTERMENT O	F THE SCHOOL.	
4h (Code) (Europe	- 6) (Pausaus 6	
4b (Code) (Expense N/A	s \$ in	cluding grants of \$) (Revenue \$,
N/A				
4c (Code) (Expense	s \$ in-	cluding grants of \$) (Revenue \$)
N/A				
4d Other program assumes (5)	aribo an Cabadula O \			
4d Other program services (Des (Expenses \$	cribe on Schedule O) 8,608 including grants of \$:) (Payanua *	,
4e Total program service expens) (Revenue \$	
A	, , , , , , , , , , , , , , , , , , , ,		······································	Form 990 (2019)

Page 3

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	L
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			
	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		X
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		İ	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			٠.
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١.,
	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,"			٠.,
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			١.,
	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 donor-restricted endowments	١	.	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
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		1,,		J
	complete Schedule D, Part VI	11a		X
þ	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	1		v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С				x
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		┢
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f		445		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		X
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		x
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13		14a		X
14a	The state of the s	174		
b	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. •	If "Yes," complete Schedule G, Part III	19		Х
20a	and the second s	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

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Pa	art IV 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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			ŀ
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		i	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ľ
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ļ		1
	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,	ļ	1	
	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	L	ļ
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		ļ	
	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	X	<u></u>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		_	
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Pa	rt v Statements Regarding Other IRS Fillings and Tax Compliance (Continu	u c u)	··· · · · · · · · · · · · · · · · · ·		Vaa	NI-
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			Yes	No
2.a	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns.			2b		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financia			4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	its (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b_		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	IS				
	required to file Form 8282?	1 1		7c_		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		;7	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		20	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes,			7/11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by tr	ie	8		
0	sponsoring organizations maintaining dance advised funds			"		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which		1			
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c	<u></u>	44.		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	(- ^		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b_		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	Or	4.5		х
	excess parachute payment(s) during the year?			15		_^
16	If "Yes," see instructions and file Form 4720, Schedule N	inco-	202	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	HICOIT	IC '	10		
	If "Yes," complete Form 4720, Schedule O					

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI

Seg	tion A. Governing Body and Management					
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a_	8			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O		•			
b	Enter the number of voting members included on 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> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, 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		<u>x</u>
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		<u> </u>
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		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ne following			
а	The governing body?			8a_	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	nai R	evenue (<u>code</u>)		
	5				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the to	ιm.λ	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1	.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		0.4.0	12a	X	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	ntilcts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1,,		v
40	describe in Schedule O how this was done			12c		$\frac{\mathbf{x}}{\mathbf{x}}$
13	Did the organization have a written whistleblower policy?			13		$\frac{\mathbf{x}}{\mathbf{x}}$
14	Did the organization have a written document retention and destruction policy?			14		
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?			45-		v
a	The organization's CEO, Executive Director, or top management official			15a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Other officers or key employees of the organization			15b		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a				460		x
L	with a taxable entity during the year? If "Yes," did the essentiation follows written nellow as precedure requiring the essentiation to evaluate its			16a		
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			ĺ		
	organization's exempt status with respect to such arrangements?			16h		
500	tion C. Disclosure			16b		
<u>366</u> 17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	· · · · · · · · · · · · · · · · · · ·	ction	501(c)			
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Sec. (3)s only) available for public inspection, ladicate how you made these available. Check all that apply	CHOIT	JU 1 (U)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain on Schedule O)					
19	Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	aet na	וכע ממל			
13		st po	icy, and			
20	financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and recor	de 🕨				
	MES BOULIGNY 304 W. CHURCH	uo 🚩				
	CAMPO TX 7743	7	97	9-54	3-6	836

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

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

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

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

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 hours for	bo off	x, unli icer a	Pos check ess pe nd a c	rson	than one is both ar ir/trustee)	ר)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-21033-INIGG)	(**21633*********************************	related organizations
(1) LINDA BOLCIK		1								
	1.00	٠,						0	^	
TRUSTEE (2) JAMES BOULIGNY	0.00	Х		_		-	\dashv		0	0
(2) DAMES BOOLIGHT	1.00									
TRUSTEE	0.00	x						0	0	0
(3) LAWRENCE HOELSCI	HER		_				┪			
(1,	1.00									
TRUSTEE	0.00	X						0	0	0
(4) GLORIA MAREK										
	1.00									
TRUSTEE	0.00	X		<u>L</u>				0	0	0
(5) REV. MICHAEL RO										
	1.00									
TRUSTEE	_0.00	X	_	_	_	-	4	0	0	0
(6) KIM SOCHA	1 00						-			
TRUSTEE	1.00	x						0	0	0
(7) DONALD SUTTON	0.00	^		 	\vdash	╁╌┼╴	-			
(1/20111112) 5011011	1.00									
TRUSTEE	0.00	x					ı	0	0	0
(8) DAVID ZALMAN			_							
	1.00					.				
TRUSTEE	0.00	X						0	0	0
(9)	-									
(10)					-					
(11)										
			L		L.,.				<u> </u>	

Form	990 (2019) ST PHILI	SCHOOL	El	<u> 1DC</u>	WM	EN	T		74-205		Page Page	<u>8</u>
Par	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)		_
	(A) Name and title	(B) Average hours per week (list any	Ьo	x, unle	Pos check ess pe nd a d	more rson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
												_
												_
												_
												_
												_
												_
	Subtotal	ada da Bart VIII d					<u> </u>	>				_
	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	sect	on A	`			>				_
2	Total number of individuals (in reportable compensation from	icluding but not l the organization	ımıte	d to 0	thos	e lis	ted a	bov	e) who received more than	\$100,000 of	Yes No	_
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	<i>complete Sche</i> ee 1a, is the sum	<i>dule</i> of re	<i>J for</i> porta	suci able	h ind	dividu ipens	<i>ial</i> satio	n and other compensation	from the	3 X	_
5	organization and related organization and related organization and related organization line and person listed on line 1	a receive or acc	rue	comp	ens	atıor	n fron	n an	ıy unrelated organization oi		4 X	_
Secti	for services rendered to the or on B. Independent Contractor		es,	сот	piete	SC	neau	ie J	tor sucri person		5 X	_
1	Complete this table for your fir compensation from the organi	ve highest comp	ensa	ited i	nder tion	oenc for t	lent o	ont	dar year ending with or with	nin the organization's tax ye	ear	_
	Name and	(A) business address							Descrip	(B) otion of services	(C) Compensation	_
									<u> </u>			
												_
												_
	Total number of independent	control to select	,d.~	, b. A	no.	lues:A	od 45	the	sa listed above) who			_
2 DAA	received more than \$100,000								Se listed above) with	0	Form 990 (201	191

Part VIII Statement of Revenue

		Check if	f Sch	edule O cont	ains a	a respor	ise or note	to any line in thi	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र इ	1a	Federated camp	naione		1a						<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts	l la	Membership du			1b						
ΩĒ	٦	Fundraising eve			1c		-	}			1
if s	ا ا	-									
O'E	l "	Related organiz			1d						
Sin	ء د	Government grants (co			1e_						
Ę,	'	All other contributions, and similar amounts no			4.5		8,331				
G E					1f	•	6,331				
P P	g	Noncash contributions			1g	<u> </u>		0 221			
O e	<u> </u>	Total. Add lines	1a-11	·			P	8,331			-
	2-						Business Code				-
ice	2a						-				
Program Service Revenue	b										
Im S	C						 	-			
Per Per	d										
F.	e	A.II					-				<u> </u>
		All other program									L
_	<u>g</u> 3					rest and					T
	3	Investment inco		_	s, me	rest, and		71,558	71,558		
	4	other similar am						71,338	71,338		-
	4 5	Income from inv	esune	int of tax-exemp	Dona	proceeds					
	9	Royalties		(ı) Real		(u) C	Personal				
	6a	Gross rents	60	(i) iteal		(11)	ersorial				
			6a 6b								
	b	Less rental expenses Rental inc or (loss)	6c								
	ч С	d Net rental income or (loss)									
		a Gross amount from (i) Securities			(11)	Other					
		sales of assets	72	280		(")	Other				
a	b	other than inventory Less cost or other	7 <u>a</u>	200	- 000	-					
'nu			7b	240	169						
eve	_	basis and sales exps	7c		431	-					
Other Revenue	С	Gain or (loss) Net gain or (loss			471	<u> </u>		40,431	40,431		
the	g a	Gross income from		veina ovante				10,102	10,102	· ·	
0	Ua	(not including \$		ising events			i				
		of contributions reg		on line 1e\							
		See Part IV, line 18		or line 10)	8a		25,095		ĺ		
	h	Less direct expe			8b		2,000				
		Net income or (I		om fundraising				23,095			
		Gross income from			Venis	-					
	Ju	See Part IV, line 19	-	y activities	9a						
	ь	Less direct expe			9b						
		Net income or (I		om gaming activ					· <u> </u>		
		Gross sales of in			rities				_		
	iva	returns and allow		•	10a						
	h	Less cost of go		-	10a						
		Net income or (I									
		ict moonie of (i	<u> </u>	om sales of life	tory	· · · · · · · · · · · · · · · · · · ·	Buşiness Code			<u> </u>	 -
ă "	11a										
ane Due	b										
Sel E	C						<u> </u>				
Miscellaneous Revenue	ď	All other revenue	۵								
2		Total. Add lines		11d							-
		Total revenue.					•	143,415	111,989	0	0

Part IX Statement of Functional Expenses

Sect	Check if Schedule O contains a resp			piete column (A)	
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	60,900	60,900		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				-
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
ı, a	Management				
a b	Legal				
	Accounting				
ں م	· ·				
d	Professional fundraising services See Part IV, line 17				
f	Investment management fees	8,608	8,608		
-	-	0,000	0,000		
g	Other (If line 11g amount exceeds 10% of line 25, column	1,750	1,750		
12	(A) amount, list line 11g expenses on Schedule O)	1,730	1,750		
12	Advertising and promotion	58		58	
13	Office expenses			30	
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 on 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					
е	All other expenses	B4 04 6	74 050		
25	Total functional expenses Add lines 1 through 24e	71,316	71,258	58	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				Form 990 (2019)
DAA					Form 33U (2019)

Form 990 (2019)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 138,522 153,884 1 Cash—non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c b Less accumulated depreciation 10b 1,821,597 1,909,058 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 2,047,580 1,975,481 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 17 Accounts payable and accrued expenses 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 any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,047,580 1,975,481 27 27 Net assets without donor restrictions 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 1,975,481 2,047,580 32 32 Total net assets or fund balances 1,975,481 2,047,580 Total liabilities and net assets/fund balances

Form 990 (2019)

Form	990 (2019) ST PHILIP SCHOOL ENDOWMENT	74-2057215			Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in th	is Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1			415
2	Total expenses (must equal Part IX, column (A), line 25)		2			<u> 316</u>
3	Revenue less expenses Subtract line 2 from line 1		3			099
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, colum	n (A))	4	1,97	<u>'5, </u>	<u>481</u>
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6		_	
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal	Part X, line				
	32, column (B))		10	2,04	7,	<u>580</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in th	is Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual	Other		_		
	If the organization changed its method of accounting from a prior year or checked "c	Other," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent	ent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year	were compiled or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and sep	arate basis				
b	Were the organization's financial statements audited by an independent accountant	?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year	were audited on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and sep	arate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes resp	onsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an indep	pendent accountant?		2c		
	If the organization changed either its oversight process or selection process during	the tax year, explain on				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or	audits as set forth in the				
	Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization	n did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to			3b		
				Form	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

2019

Open to Public Inspection

Name of the organization

ST PHILIP SCHOOL ENDOWMENT FUND CHARITABLE TRUST

Employer identification number 74–2057215

Schedule A (Form 990 or 990-EZ) 2019

P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part) See instruction	ns				
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 12, o	check only	one box)					
1	\Box	A church, con	nvention of churches, or ass	ociation of churches described	ın sectior	170(b)(1	I)(A)(i).	4 ()				
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ))		79				
3	П	A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	(b)(1)(A)(iii).	\cup \cup				
4	\sqcap	A medical res	search organization operated	in conjunction with a hospital o	described	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,				
		city, and state		•								
5		•		of a college or university owned	or operate	ed by a g	overnmental unit described in					
	_	,	b)(1)(A)(iv). (Complete Part									
6		A federal, sta	ite, or local government or g	overnmental unit described in s	ection 17	'0(b)(1)(A)(v).					
7		•	on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fro omplete Part II)	om a gove	ernmental	unit or from the general public	;				
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	: II)							
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
10	X	receipts from support from	activities related to its exem gross investment income ar) more than 33 1/3% of its support functions—subject to certain durielated business taxable in 0, 1975 See section 509(a)(2).	exception	ns, and (2 ss section	2) no more than 33 1/3% of its is 511 tax) from businesses	oss				
11		An organizati	on organized and operated of	exclusively to test for public safe	ety See s	ection 50	09(a)(4).					
12		An organizati	on organized and operated e	exclusively for the benefit of, to	perform tl	ne functio	ns of, or to carry out the purpo	ses				
	_			ations described in section 50								
			•	at describes the type of suppor								
	а	the supp	orted organization(s) the pov	erated, supervised, or controlled ver to regularly appoint or elect complete Part IV, Sections A a	a majority			ng				
	b		• •	pervised or controlled in connec		its suppo	rted organization(s), by having					
				ting organization vested in the s				ed				
			• •	Part IV, Sections A and C.								
	С			upporting organization operated tructions) You must complete				ith,				
	d	that is no	t functionally integrated. The	l. A supporting organization ope organization generally must sa	atisfy a dis	stribution	requirement and an attentivene					
	е	Check th	is box if the organization rec	nust complete Part IV, Section enved a written determination fro	om the IR	S that it is						
	f		nber of supported organizati	n-functionally integrated support	ung organ	iization		[***			
	g		ollowing information about th					·	-			
- 1		e of supported	(II) EIN	(III) Type of organization	(IV) is the o	organization	(v) Amount of monetary	(vi) Amount	of			
·		ganization	(, =	(described on lines 1–10	listed in you	ur governing	support (see	other support	-			
				above (see instructions))	-	ment?	instructions)	instruction	s)			
_					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
Tota												

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

74-2057215

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)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied 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 charge						
4	Total. Add lines 1 through 3	•				/	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts 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)	<u>.</u>					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 501	(c)(3)	
	organization, check this box and stop her		/				<u> </u>
<u>Sec</u>	tion C. Computation of Public Su					<u> </u>	
14	Public support percentage for 2019 (line 6			nn (f))		14	%
15	Public support percentage from 2018 School	,				15	%
16a	33 1/3% support test—2019. If the organ	/			33 1/3% or more, o	check this	
	box and stop here. The organization quali	7					▶ [
b	33 1/3% support test—2018. If the organ	,			15 is 33 1/3% or m	ore, check	
	this box and stop here. The organization of	<i>y</i>					▶ ∐
17a	10%-facts-and-circumstances test—201	-					
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	icts-and-circumsta	inces" test. The or	ganızatıon qualıfie:	s as a publicly sup	ported	
b	organization 10%-facts-and-circumstances test—201	_					▶ []
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	eets the "facts-and	-circumstances" te	est. The organization	on qualifies as a pi	ublicly	▶ □
18	supported organization Private foundation. If the organization did instructions	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and se	ee	▶ □
						Cabadilla A /F-	000 000 57) 2040
	/					Screaule A (Form	990 or 990-EZ) 2019

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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)

500	tion A Public Support	quality under ti	ne tests listed t	below, please co	ilipiele Part il_		
	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees	(a) 2015	(B) 2010	(6) 2017	(u) 2010	(6) 2013	(i) rotai
1	received (Do not include any "unusual grants")			2,535	10,018	8,331	20,884
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	96,653	274,662
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	104,984	295,546
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		<u> </u>			—	
8	Public support. (Subtract line 7c from line 6)						295,546
	tion B. Total Support	T	T 2. 2				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			91,378	99,184	104,984	295,546
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	_					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)			91,378	99,184	104,984	295,546
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop her	e					b
Sec	tion C. Computation of Public Su	upport Percen	tage			<u> </u>	
15	Public support percentage for 2019 (line 8	, column (f), divide	ed by line 13, colur	mn (f))		15	100.00%
16	Public support percentage from 2018 Sch					16	100.00%
<u>Sec</u>	tion D. Computation of Investme					1	
17	Investment income percentage for 2019 (3, column (f))		17	%_
18	Investment income percentage from 2018					18	
19a							▶ X
-	17 is not more than 33 1/3%, check this b	-	-				
b	33 1/3% support tests—2018. If the orga						▶ □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did						
20	rrivate roundation. If the organization di	J HOL CHECK A DOX	on line 14, 19a, or	Tab, check this box	and see instruction	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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.)

	Sections A, D, and E if you checked 12d of Part I, complete Sections A and D, and comp	iete Part V)	
Sect	ion A. All Supporting Organizations		·	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1 .		
	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	_		
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		· ·	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		!	
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	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,"	ŀ		
	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	1_		
	was accomplished (such as by amendment to the organizing document)	5a_		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	-		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	_	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	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	00		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	<u> </u>	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9b		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	90		-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0.0		
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		-
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	100		
L	supporting organizations)? If "Yes," answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a	_	
b		10b]
	determine whether the organization had excess business holdings)		L	1

Schedu	lle A (Form 990 or 990-EZ) 2019 ST PHILIP SCHOOL ENDOWMENT 74-20572	<u> 15</u>		Page 5
Par				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			l
	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		Ĺ
Secti	on B. Type I Supporting Organizations		.,	Γ
			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,			ĺ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		ŀ
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year Did the organization operate for the benefit of any supported organization other than the supported	 ' 		
2	organization operate for the benefit of any supported organization other trial the supported organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			<u> </u>
<u>occii</u>	on o. Type it dapporting 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		
Secti	on 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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			•
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
<u>Secti</u>	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions)		
		1	· · ·	Γ
2 <i>P</i>	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			i
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	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	2-		ļ
	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	2b		
_	activities but for the organization's involvement	20		
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	3a		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Va		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	or its supported diganizations. If tes, describe in Fart vi the fole played by the diganization in this regard			

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Schedule A (Form 990 or 990-EZ) 2019 ST PHILIP SCHOOL ENDOWMEN	T	74- <u>2057</u>	215 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rganizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or			ee
instructions. All other Type III non-functionally integrated supporting organizations	must compl	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2_		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integra	ted Type III	supporting organization (see
instructions)	·		

Schedule A (Form 990 or 990-EZ) 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
6	Other distributions (describe in Part VI) See instructions		<u>.</u>	
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations			
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2019 from Section C, line 6			
_10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)		·	
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>C</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7		<u> </u>	<u> </u>
	Excess from 2015			<u> </u>
	Excess from 2016		_	
	Excess from 2017		<u> </u>	
	Excess from 2018		<u> </u>	
<u>е</u>	Excess from 2019	l		l

Schedule A (Form 990 or 990-EZ) 2019

ST PHILIP SCHOOL ENDOWMENT

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Part VI

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 **2019**

Schedule D (Form 990) 2019

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. Part I 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) 3 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 (for example, 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 a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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 FASB 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 FASB 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 FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

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Sche	edule <u>D</u> (Form 990) 2019	SCHOOL EN	DOWMENT	74-2	057215			Page :
	art III Organizations Maintaining			easures, or Othe	r Similar Asse	ts (conti		
3								
а	Public exhibition	d 🗍	Loan or exchange prog	rram				
		 	Other	grani				
b	Scholarly research	e [_]	Other					
C	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	now they further the c	organization's exempt	purpose in Part			
_	XIII							
5	During the year, did the organization solicit or					П.	. г	¬
	assets to be sold to raise funds rather than to		art of the organization	's collection?		<u>\</u>	es	No
Pa	ert IV Escrow and Custodial Arra							
	Complete if the organization 990, Part X, line 21	answered "Yes'	on Form 990, Pa	rt IV, line 9, or rep	orted an amour	it on For	m	
1a	Is the organization an agent, trustee, custodia	n or other intermed	ary for contributions o	r other assets not				
	included on Form 990, Part X?						′es 「	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table			_	_	_
		•	J			Amou	nt	
c	Beginning balance				1c			
	Additions during the year				1d			
	Distributions during the year				1e			
	• •				1f			
	Ending balance	000 D-1V I	04 6	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
	Did the organization include an amount on Fo			-		T	′es	_ No
	If "Yes," explain the arrangement in Part XIII	Check here if the ex	cpianation has been pr	ovided on Part XIII				
Pa	ert V Endowment Funds.		C 000 D-	+ IV June 10				
	Complete if the organization				40.7	1	—	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		ur years	s back
	Beginning of year balance	1,975,481	1,637,757	1,606,694	1,592,9			
b	Contributions	33,426	37,763	28,905	33,9	51		
С	Net investment earnings, gains, and							
	losses	111,989	365,559	62,473	44,0	38		
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs	60,900	61,948	56,665	60,70	9		
f	Administrative expenses	12,416	3,650	3,650	3,5	75		
	End of year balance	2,047,580	1,975,481	1,637,757	1,606,6			
2	Provide the estimated percentage of the curre				· · · · · · · · · · · · · · · · · · ·			
	Board designated or quasi-endowment ▶ 10		, (into 19, column (a))					
	Permanent endowment ▶ %	30.00 %						
	Term endowment ▶ %							
C		1414000/						
_	The percentages on lines 2a, 2b, and 2c shou	•						
за	Are there endowment funds not in the possess	sion of the organiza	tion that are held and	administered for the				т
	organization by					_	Yes	
	(i) Unrelated organizations					3a(i)	₩	X
	(ii) Related organizations					3a(ii	Щ_	X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on Schedule R?			3b	<u></u>	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds					
	rt VI Land, Buildings, and Equip							
	Complete if the organization		on Form 990. Par	rt IV, line 11a See	Form 990, Par	t X, line	10	
-	Description of property	(a) Cost or other b			Accumulated	(d) Boo		
	,	(investment)	(othe		preciation	. ,		
12	Land	 	<u> </u>	 + -				
	Buildings							
	•							
	Leasehold improvements	<u> </u>						
a	Equipment	L						

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments - Other Securities.	5 000 B (IV)	441- O F 000 B	and V. Brand 40
	Complete if the organization answered "Yes" on		"	
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	market value
(1) Financial d	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)		<u></u>		
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12)		<u></u>	
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11c See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of	valuation
			Cost or end-of-year	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			-
Part IX	Other Assets.	· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d See Form 990, P	art X, line 15
	(a) Description		-	(b) Book value
(1)				
(2)				-
(3)				
(4)				
				<u>.</u>
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities.			
raitA	Complete if the organization answered "Yes" on	Form 990 Part IV June	e 11e or 11f See Form	990 Part X
		TOTAL 330, Part IV, III	e lie of the occions	550, i ait X,
4	line 25.			(b) Book value
1.	(a) Description of liability			(b) Book Aside
	income taxes			
(2)				
(3)				
(4)		 		
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)	· · · · · · · · · · · · · · · · · · ·			<u> </u>
(7)				
(8)				
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 25)		<u> </u>	
•	uncertain tax positions. In Part XIII, provide the text of the foo			
organization's	liability for uncertain tax positions under FASB ASC 740 Che	ck here if the text of the foo	tnote has been provided in P	art XIII
DAA				schedule D (Form 990) 201

Sche	dule D (Form 990) 2019 ST PHILIP SCHOOL ENDOWMENT	74-205	5 7215	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

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

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

Inspection

2019
Open to Public

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 Solicitation of non-government grants Mail solicitations 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-(v) Amount paid to (vi) 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 fundraiser listed in organization or entity (fundraiser) control of contributions' col (ı) Yes No 1 10

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

Total

_	edul art	0 or 990-EZ) 201 Iraising Even \$15,000 of fur	nts. Complete	PHILIP S te if the organ	nization ai	nswered "Ye	s" on Fo	rm 990, Pa	74-20	18, or reported	Page 2 d more
		s receipts grea			oris ariu (jioss ilicollie	: 011 1 011	11 990-62,	illies i and	OD LISTEVEN	ILS WILL
-		receipte gree	(a) Event			(b) Event #2		(c) Other ev	ents	(d) Total eve	nts
		<u>R</u>	READ-A-T	HON			<u>1</u>	NONE		(add col (a) thr	ough
ஓ்			(event type	De)		(event type)		(total numb	per)	col (c))	
Revenue	1	ots		25,095						25	,095
	2	butions									
	3	(line 1 minus									
				25,095				·		25	,095
	4					<u></u>					
	5	zes						·			
enses	6	costs									
Direct Expenses		verages									
ā	8	nt 📙									
	9	expenses		2,000						2	,000
	10	se summary Add	dd lines 4 throug	gh 9 ın column (d)				•		, 0.00
	11	summary Subtra					000 D-	+ IV / I 40	P		,095
Р	art	ning. Complet	_		werea "Ye	s on Form	990, Par	tiv, line is	a, or report	ed more than	
		000 0111 01111			(b	Pull tabs/instant	· I			(d) Total gaming	ı (add
Revenue			(a) Bing	ngo 	bing	o/progressive bingo		(c) Other g	aming	col (a) through c	ol (c))
Š											
	1	ue	-								
nses	2						_				
ž.	3	zes		<u> </u>							
Direct Expens	4	costs									
	5	expenses									
	-	OKPONSOS	Yes	%	Yes		%	Yes	%		
	6	bor	No		│		اً ا	No			
	7	ise summary Add	dd lines 2 throug	gh 5 in column (d)				•		
			_						>		
	8 En	ise summary Add	ry Subtract line	7 from line 1, co	olumn (d)				>		
а	8 En	ise summary Add	ry Subtract line	7 from line 1, co	olumn (d)	ates?			>	Ye:	5 No
a b	En Is f	ise summary Add	ry Subtract line rganization cond onduct gaming a	7 from line 1, co	olumn (d) ctivities n of these st		the tax yea	ar?	>	_	s No

, Sche	edule G (Form 990 or 990-EZ) 2019 ST PHILIP SCHOOL ENDOWMENT	74-2057215	Page 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	_	
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in		_
а	The organization's facility	13a	%_
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Γ	ີ Yes □ No
b		and the	
-	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 or		_
	spent in the organization's own exempt activities during the tax year ▶ \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b,		and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any ac	Iditional information	
	See instructions		

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, SCHEDULE (Form 990)

Governments, and Individuals in the United States

Open to Public Inspection OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service		•	o to www.ii	► Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	190. ne latest information	_		Oper Ins	Open to Public Inspection
	ST PHILIP SCHOOL ENDOWMENT	DOWMENT						Employer identification number	<u></u>
Part General	General Information on Grants and Assistance	Assistance						CT7/CO7_#	
1 Does the organization the selection criteria u	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to grants or assistance? Describe in Dart IV the organizations for monitoring the use of grant finds in the United States.	ie amount of the grice?	ants or assi	stance, the grantees' on the United States	eligibility for the grant	s or assistance, and	Б	X Yes	&
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	mestic Organi eceived more t	zations a	nd Domestic Go	vernments. Com	plete if the orga	anization ans	cations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, nan \$5,000 Part II can be duplicated if additional space is needed	rm 990,
1 (a) Name and a	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	if grant nce
(1) ST PHILIP THE APOSTLE 302 W. CHURCH STREET	APOSTLE CATHOLIC SCHO STREET							SUPPLEMENT BUDGET	UDGET
EL CAMPO	TX 77437	76-0621824		60,900					
(2)									
(3)									
(4)									
(5)									
(9)									
(7)									
(8)									
(6)									
2 Enter total number of 3 Enter total number of	Enter total number of section 501(c)(3) and government organizations listed Enter total number of other organizations listed in the line 1 table	organizations listed 1 table	In the line 1 table	1 table				A A	

Schedule I (Form 990) (2019)

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

Page 2

74-2057215	
SCHOOL ENDOWMENT	
ST PHILIP	
Schedule I (Form 990) (2019)	(2) (20) (20)

IV, line 22.	•	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)					
d "Yes" on Form 990, Part		(e) Method of valuation (book, FMV, appraisal, other)					
irganization answered	Part III can be duplicated if additional space is needed.	(d) Amount of noncash assistance					
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.		(c) Amount of cash grant					
		(b) Number of recipients					
		(a) Type of grant or assistance					
Part III			-	2	m	4	

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

2

9

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.

OMB No 1545-0047
2019

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 III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

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.

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.