

Form **990**
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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B** Check if applicable:
 - Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
ST MARK'S SCHOOL OF TEXAS

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
10600 PRESTON ROAD

City or town, state or province, country, and ZIP or foreign postal code
DALLAS, TX 75230

F Name and address of principal officer
DAVID DINI
10600 PRESTON ROAD
DALLAS, TX 75230

D Employer identification number
75-0827460

E Telephone number
(214) 346-8120

G Gross receipts \$ 52,911,291

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

- I** Tax-exempt status: 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527
- J** Website: ▶ WWW.SMTEXAS.ORG
- K** Form of organization: Corporation Trust Association Other ▶

L Year of formation 1934

M State of legal domicile TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities ST MARK'S SCHOOL OF TEXAS IS A PRIVATE, NON-PROFIT, NON-SECTARIAN, INDEPENDENT, COLLEGE PREPARATORY DAY SCHOOL FOR BOYS GRADES 1 THROUGH 12 THE SCHOOL AIMS TO AFFORD ITS STUDENTS WELL-ROUNDED PHYSICAL, INTELLECTUAL AND SPIRITUAL EDUCATION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	51
	4	Number of independent voting members of the governing body (Part VI, line 1b)	51
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	310
	6	Total number of volunteers (estimate if necessary)	500
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	11,816
7b	Net unrelated business taxable income from Form 990-T, line 34	11,185	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 11,849,243 Current Year: 12,674,845
	9	Program service revenue (Part VIII, line 2g)	22,336,615 / 23,177,791
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,837,884 / 4,969,020
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	627,930 / 598,529
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,651,672 / 41,420,185
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0 / 0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,418,683 / 22,123,965
16a		Professional fundraising fees (Part IX, column (A), line 11e)	86,696 / 34,123
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,974,304	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,079,040 / 11,850,615
Net Assets or Fund Balances	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	36,464,052 / 36,779,693
	19	Revenue less expenses Subtract line 18 from line 12	5,187,620 / 4,640,492
	20	Total assets (Part X, line 16)	Beginning of Current Year: 255,046,416 End of Year: 266,550,130
	21	Total liabilities (Part X, line 26)	25,512,257 / 31,823,629
	22	Net assets or fund balances Subtract line 21 from line 20	229,534,159 / 234,726,501

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: 2020-03-09

SUZANNE TOWNSEND CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name ▶ LANE GORMAN TRUBITT LLC Firm's EIN ▶ 75-1044330

Firm's address ▶ 2626 HOWELL ST SUITE 700 DALLAS, TX 75204 Phone no (214) 871-7500

Check if self-employed PTIN P00029866

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ST MARK'S SCHOOL OF TEXAS IS A PRIVATE, NON-PROFIT, NON-SECTARIAN, INDEPENDENT, COLLEGE PREPARATORY DAY SCHOOL FOR BOYS IN GRADES 1 THROUGH 12 THE SCHOOL AIMS TO AFFORD ITS STUDENTS WELL-ROUNDED PHYSICAL, INTELLECTUAL AND SPIRITUAL EDUCATION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 27,298,889 including grants of \$ 2,770,990) (Revenue \$ 22,424,936)

See Additional Data

4b (Code) (Expenses \$ 538,804 including grants of \$) (Revenue \$ 233,163)

See Additional Data

4c (Code) (Expenses \$ 371,470 including grants of \$) (Revenue \$ 433,447)

See Additional Data

(Code) (Expenses \$ 72,911 including grants of \$) (Revenue \$ 163,518)

EXTENDED DAY - AFTER SCHOOL CARE FOR BOYS IN GRADE 1-4 THE PROGRAM HAS AN ENROLLMENT OF APPROXIMATELY 60 BOYS

4d Other program services (Describe in Schedule O)
(Expenses \$ 72,911 including grants of \$) (Revenue \$ 163,518)

4e Total program service expenses ▶ 28,282,074

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	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? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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)		
28a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
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	Yes	

Part 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	310			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>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 Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (51); 1b Enter the number of voting members included in line 1a, above, who are independent (51); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(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 in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: SUZANNE TOWNSEND 10600 PRESTON ROAD DALLAS, TX 75230 (214) 346-8116

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		2,189,862	210,999

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 48

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HC BECK LTD 1807 ROSS AVE SUITE 500 DALLAS, TX 75201	CONSTRUCTION	16,118,804
SAGE DINING SERVICES 1402 YORK RD LUTHERVILLE, MD 21093	CONTRACT DINING SERVICE	1,243,125
ROBERT AM STERN ARCHITECTS LLP ONE PARK AVENUE NEW YORK, NY 10016	ARCHITECT	485,565
STEPHEN MILLER JR 18208 PRESTON RD STE D9-422 DALLAS, TX 75252	CONSTRUCTION	298,910
OLEN WILLIAMS INC 1123 SOUTH AIRPORT CIRCLE EULESS, TX 76040	AUDIO/VISUAL	164,655

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 19

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	186,600		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,488,245		
	g Noncash contributions included in lines 1a - 1f \$ _____		723,236		
	h Total. Add lines 1a-1f		12,674,845		

Program Service Revenue			Business Code				
	2a INSTRUCTIONAL GRADES 1 - 12		611710	22,424,936	22,424,936		
	b STUDENT ACTIVITIES		611710	433,447	433,447		
	c ADMISSIONS REVENUE		611710	233,163	233,163		
	d EXTENDED DAY PROGRAM		611710	86,245	86,245		
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			23,177,791				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,542,131		11,816	3,530,315	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		b Less rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)			1,426,889			1,426,889
	8a Gross income from fundraising events (not including \$ 186,600 of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b	375,006				
		c Net income or (loss) from fundraising events			21,756			21,756
	9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses		b	9,248					
c Net income or (loss) from gaming activities				4,403			4,403	
10a Gross sales of inventory, less returns and allowances	a							
	b Less cost of goods sold	b	3,169,043					
	c Net income or (loss) from sales of inventory			495,097			495,097	
Miscellaneous Revenue		Business Code						
11a MISCELLANEOUS		611710	52,151	52,151				
b FORFEITED DEPOSITS		611710	25,122	25,122				
c _____								
d All other revenue								
e Total. Add lines 11a-11d			77,273					
12 Total revenue. See Instructions			41,420,185	23,255,064	11,816	5,478,460		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 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.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	2,770,990	2,770,990		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,471,930	627,555	774,384	69,991
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.	16,553,131	14,479,917	1,038,806	1,034,408
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	988,179	632,263	298,484	57,432
9 Other employee benefits.	1,874,684	1,190,885	557,244	126,555
10 Payroll taxes.	1,236,041	817,524	350,186	68,331
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.	80,193		80,193	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	34,123			34,123
f Investment management fees.	430,547		430,547	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	113,347	7,595	96,695	9,057
12 Advertising and promotion.	107,629	42,229	39,294	26,106
13 Office expenses.	1,741,626	454,264	1,287,362	
14 Information technology.	788,207	739,256	44,353	4,598
15 Royalties.				
16 Occupancy.	758,582	690,974	58,387	9,221
17 Travel.	490,029	286,864	160,950	42,215
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	29,157			29,157
20 Interest.	88,857	58,938	26,801	3,118
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	3,552,142	3,257,199	267,169	27,774
23 Insurance.	395,538	362,895	29,577	3,066
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	919,885	503,629	308,681	107,575
b MAINTENANCE EXPENSE	886,947	813,748	66,323	6,876
c SPECIAL EVENTS	677,639	389,212	75,329	213,098
d CONTRACT SERVICES	508,716	156,137	250,976	101,603
e All other expenses	281,574		281,574	
25 Total functional expenses. Add lines 1 through 24e.	36,779,693	28,282,074	6,523,315	1,974,304
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,672,909	1	2,933,102
	2 Savings and temporary cash investments	36,801,409	2	24,952,626
	3 Pledges and grants receivable, net	15,877,699	3	11,924,820
	4 Accounts receivable, net	7,367	4	10,152,352
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	202,081	8	232,912
	9 Prepaid expenses and deferred charges	60,823	9	99,879
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 126,620,124		
	b Less accumulated depreciation	10b 48,237,408	64,976,821	10c 78,382,716
	11 Investments—publicly traded securities	108,588,239	11	113,132,136
	12 Investments—other securities See Part IV, line 11	23,791,327	12	23,538,192
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,067,741	15	1,201,395
16 Total assets. Add lines 1 through 15 (must equal line 34)	255,046,416	16	266,550,130	
Liabilities	17 Accounts payable and accrued expenses	6,476,637	17	4,180,193
	18 Grants payable		18	
	19 Deferred revenue	15,525,083	19	24,362,557
	20 Tax-exempt bond liabilities	3,510,537	20	3,280,879
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 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 of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	25,512,257	26	31,823,629
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	62,115,273	27	85,527,898
	28 Temporarily restricted net assets	110,232,559	28	90,327,334
	29 Permanently restricted net assets	57,186,327	29	58,871,269
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	229,534,159	33	234,726,501	
34 Total liabilities and net assets/fund balances	255,046,416	34	266,550,130	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,420,185
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,779,693
3	Revenue less expenses Subtract line 2 from line 1	3	4,640,492
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	229,534,159
5	Net unrealized gains (losses) on investments	5	987,309
6	Donated services and use of facilities	6	-186,600
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-248,859
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	234,726,501

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 75-0827460

Name: ST MARK'S SCHOOL OF TEXAS

Form 990 (2018)

Form 990, Part III, Line 4a:

INSTRUCTIONAL GRADES 1 THROUGH 12 - ST MARK'S SCHOOL OF TEXAS IS A PRIVATE, NON-PROFIT, NON-SECTARIAN, INDEPENDENT, COLLEGE PREPARATORY DAY SCHOOL FOR BOYS IN GRADES 1 THROUGH 12 THE SCHOOL AIMS TO AFFORD ITS STUDENTS WELL-ROUNDED PHYSICAL, INTELLECTUAL AND SPIRITUAL EDUCATION THE SCHOOL HAS AN APPROXIMATE ENROLLMENT OF 850 BOYS

Form 990, Part III, Line 4b:

NEW STUDENT/TESTING FEES - EXPENSES RELATED TO THE MATRICULATION OF STUDENTS TO THE SCHOOL

Form 990, Part III, Line 4c:

STUDENT ACTIVITIES - WIDE RANGING EXPENSES RELATED TO NONINSTRUCTIONAL ACTIVITIES OF STUDENTS INCLUDING COMMENCEMENT EXERCISES, STUDENT COUNCIL EXPENSES, AND CLASS FIELD TRIPS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID B ACKERMAN TRUSTEE	2 00	X						0	0	0
LYDIA B ADDY TRUSTEE	2 00	X						0	0	0
KASIM ALFALAHI TRUSTEE	2 00	X						0	0	0
DAVID A CAMPBELL TRUSTEE	2 00	X						0	0	0
DREW CLANCY TRUSTEE	2 00	X						0	0	0
RYAN N COTTON TRUSTEE	2 00	X						0	0	0
KATHERINE R CROW VICE PRESIDENT	2 00	X		X				0	0	0
HILLEL A FEINBERG TRUSTEE	2 00	X						0	0	0
ROBERT L FELDMAN TRUSTEE	2 00	X						0	0	0
JULIA C FLOWERS TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAWRENCE F GARDNER TRUSTEE	2 00	X						0	0	0
DAVID G GENECOV TRUSTEE	2 00	X						0	0	0
JEFFREY S GENECOV TRUSTEE	2 00	X						0	0	0
JEFFREY S HILLIER TRUSTEE	2 00	X						0	0	0
BRADFORD R HIRSCH TRUSTEE	2 00	X						0	0	0
CLARK K HUNT PRESIDENT	2 00	X		X				0	0	0
DANIEL L HUNT TRUSTEE	2 00	X						0	0	0
VERA R INGRAM TRUSTEE	2 00	X						0	0	0
DEBBIE JENEVEIN TRUSTEE	2 00	X						0	0	0
OTIS B JENNINGS TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MELINDA D JOHNSON TRUSTEE	2 00	X						0	0	0
AMEE M JOSHI TRUSTEE	2 00	X						0	0	0
ERIC K KUSIN TRUSTEE	2 00	X						0	0	0
JUN IL KWUN TRUSTEE	2 00	X						0	0	0
LARRY LACERTE TRUSTEE	2 00	X						0	0	0
CRAIG R LEVERING TRUSTEE	2 00	X						0	0	0
FRASER E MARCUS TRUSTEE	2 00	X						0	0	0
CINDY A MCCLAIN TRUSTEE	2 00	X						0	0	0
DAVID R MCATEE TREASURER	2 00	X		X				0	0	0
W CASEY MCMANEMIN TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GJON N NIVICA JR TRUSTEE	2 00	X						0	0	0
JON L MOSLE III TRUSTEE	2 00	X						0	0	0
KAREN S POLLOCK TRUSTEE	2 00	X						0	0	0
VEERAL K RATHOD TRUSTEE	2 00	X						0	0	0
RYAN K ROBINSON TRUSTEE	2 00	X						0	0	0
JOHN C ROCCHIO TRUSTEE	2 00	X						0	0	0
RYAN T ROGERS TRUSTEE	2 00	X						0	0	0
ELLIOTTTOBY ROOSEVELT III TRUSTEE	2 00	X						0	0	0
C DAVID SAMMONS TRUSTEE	2 00	X						0	0	0
ALAN SCHOELLKOPF TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J CARL SEWELL III TRUSTEE	2 00	X						0	0	0
NATALIE H SIEGEL TRUSTEE	2 00	X						0	0	0
HAROLD C URSCHEL III TRUSTEE	2 00	X						0	0	0
A MICHAEL WARNECKE TRUSTEE	2 00	X						0	0	0
HEATHER H WASHBURNE TRUSTEE	2 00	X						0	0	0
BRAD E WHITE TRUSTEE	2 00	X						0	0	0
TAYLOR H WILSON TRUSTEE	2 00	X						0	0	0
STEPHEN J ROGERS TRUSTEE	2 00	X						0	0	0
MASON D KING TRUSTEE	2 00	X						0	0	0
LEIGH S KOCH TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JONATHAN B MORGAN TRUSTEE	2 00	X						0	0	0
HARLAN P COHEN TRUSTEE	2 00	X						0	0	0
ALLEN E CULLUM TRUSTEE	2 00	X						0	0	0
ROBERT W DECHERD TRUSTEE	2 00	X						0	0	0
PATRICIA A MCBRIDE TRUSTEE	2 00	X						0	0	0
CHARLES E NEARBURG TRUSTEE	2 00	X						0	0	0
LEONARD RIGGS TRUSTEE	2 00	X						0	0	0
ELLIOTT TONY ROOSEVELT JR TRUSTEE	2 00	X						0	0	0
CARL SEWELL TRUSTEE	2 00	X						0	0	0
BARNEY T YOUNG TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
DAVID DINI HEADMASTER	40 00			X					623,124	0	51,163
JOHN ASHTON ASSOCIATE HEADMASTER	40 00			X					394,631	0	31,746
SUZANNE TOWNSEND CHIEF FINANCIAL OFFICER	40 00			X					301,910	0	28,075
JOHN S JOLLY SR DIRECTOR LEADERSHIP GI	40 00					X			194,616	0	21,477
DEAN CLAYMAN HEAD OF MIDDLE SCHOOL	40 00					X			159,276	0	17,647
JUDITH T SUTCLIFFE MASTER TEACHING CHAIR	40 00					X			170,374	0	21,475
MARK WEBB DIRECTOR OF PHYSICAL PLANT	40 00					X			169,846	0	18,126
JAMES WOMACK DIRECTOR OF DEVELOPMENT	40 00					X			176,085	0	21,290

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST MARK'S SCHOOL OF TEXAS

Employer identification number

75-0827460

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **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 university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	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						
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						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 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		
c	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete 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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 75-0827460

Name: ST MARK'S SCHOOL OF TEXAS

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)

Facts And Circumstances Test

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
ST MARK'S SCHOOL OF TEXAS

Employer identification number
75-0827460

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 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 Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
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	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 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)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ 90,000

(ii) Assets included in Form 990, Part X ▶ \$ _____ 90,000

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	146,190,797	140,147,421	128,427,693	144,763,343	147,336,322
b Contributions	488,527	959,239	917,630	661,008	2,059,215
c Net investment earnings, gains, and losses	5,105,722	10,606,456	16,457,760	-4,817,658	898,497
d Grants or scholarships	2,099,011	2,313,054	2,413,696	2,297,131	2,049,531
e Other expenditures for facilities and programs	3,522,801	2,851,576	2,957,691	9,554,682	3,103,509
f Administrative expenses	430,547	357,689	284,275	327,187	377,651
g End of year balance	145,732,687	146,190,797	140,147,421	128,427,693	144,763,343

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 8 280 %
 - b** Permanent endowment ▶ 40 400 %
 - c** Temporarily restricted endowment ▶ 51 320 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | Yes | |
| (ii) related organizations | | No |
| 3a(ii) | | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,798,588		3,798,588
b Buildings		103,750,435	38,240,463	65,509,972
c Leasehold improvements				
d Equipment		8,190,413	5,954,278	2,236,135
e Other		10,880,688	4,042,667	6,838,021
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				78,382,716

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) HEDGE FUNDS	13,363,113	F
(B) PRIVATE EQUITY FUNDS	1,422,625	F
(C) COMMINGLED POOLS-FIXED INCOME	8,752,454	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	23,538,192	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	41,444,444
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	987,309	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-963,050	
e	Add lines 2a through 2d		2e	24,259
3	Subtract line 2e from line 1		3	41,420,185
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	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	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	41,420,185

Part XII Reconciliation of Expenses per Audited Financial Statements 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	36,252,102
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	186,600	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	2,056,799	
e	Add lines 2a through 2d		2e	2,243,399
3	Subtract line 2e from line 1		3	34,008,703
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	2,770,990	
c	Add lines 4a and 4b		4c	2,770,990
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	36,779,693

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 75-0827460

Name: ST MARK'S SCHOOL OF TEXAS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 83,452 PLEDGE DISCOUNTS -301,307 COGS 2,056,799 RECLASS OF GRANTS EXPENSE -2,286,911 TUITION REMISSION NET -484,079 FUNDRAISING LOSSES -31,004

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RECLASS OF COGS 2,056,799

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECLASS OF GRANTS 2,286,911 RECLASS OF TUITION REMISSION 484,079

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS THE ENDOWMENT FUNDS ARE USED FOR FINANCIAL AID, FACULTY SUPPORT, PROGRAM SUPPORT, AWARDS, AND SUSTAINING THE FACILITIES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>FIN 48 (ASC 740) FOLLOWING IS THE TEXT FROM THE FOOTNOTES OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE ACCORDING TO THE UNITED STATES INTERNAL REVENUE SERVICE ("IRS") DETERMINATION LETTER DATED AUGUST 25, 1971, EXCEPT TO THE EXTENT IT HAS UNRELATED BUSINESS INCOME FOR THE YEARS ENDED JUNE 30, 2019 AND 2018, UNRELATED BUSINESS INCOME DID NOT RESULT IN ANY MATERIAL NET TAXABLE INCOME, THEREFORE NO PROVISION FOR INCOME TAX HAS BEEN PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE SCHOOL IS REQUIRED TO FILE AN ANNUAL FORM 990-T WITH THE UNITED STATES INTERNAL REVENUE SERVICE FOR ANY UNRELATED BUSINESS INCOME GAAP REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE SCHOOL'S FINANCIAL STATEMENTS TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY TAX POSITIONS NOT DEEMED TO MEET THE MORE LIKELY THAN NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE IN THE CURRENT YEAR A RECONCILIATION IS NOT PROVIDED HEREIN, AS THE BEGINNING AND ENDING AMOUNTS OF UNRECOGNIZED BENEFITS ARE ZERO, WITH NO INTERIM ADDITIONS, REDUCTIONS, OR SETTLEMENTS THE SCHOOL IS RELYING ON ITS TAX-EXEMPT STATUS AND ITS ADHERENCE TO ALL APPLICABLE LAWS AND REGULATIONS TO PRESERVE THAT STATUS HOWEVER, THE CONCLUSIONS REGARDING THE UNCERTAINTY IN INCOME TAXES WILL BE SUBJECT TO REVIEW AND MAY BE ADJUSTED AT A LATER DATE BASED ON FACTORS INCLUDING, BUT NOT LIMITED TO, ONGOING ANALYSIS OF TAX LAWS, REGULATIONS, AND INTERPRETATIONS THEREOF THE SCHOOLS INFORMATIONAL RETURNS FILED WITH THE IRS ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THE LATER OF THE DUE DATE OR DATE OF FILING AS A RESULT, THE SCHOOL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2016</p>

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2018

Open to Public Inspection

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990EZ for the latest instructions.**

Department of the Treasury

Name of the organization
ST MARK'S SCHOOL OF TEXAS

Employer identification number

75-0827460

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	ST MARK'S SCHOOL OF TEXAS PUBLISHES ITS RACIALLY NONDISCRIMINATORY POLICY IN LOCAL PAPERS AT LEAST ONCE PER YEAR. THIS POLICY IS ALSO PUBLISHED ON THE ORGANIZATION'S WEBSITE.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

Name of the organization
ST MARK'S SCHOOL OF TEXAS

Employer identification number
75-0827460

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 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? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BARNES & ROCHE INC 919 CONESTOGA ROAD ROSEMONT, PA 19010	CONSULTING		No	0	13,357	0
CHARITABLE DEVELOPMENT CONSULTING PO BOX 1486 FREDERICK, MD 21702	CONSULTING		No	0	13,975	0
Total					27,332	

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

TX

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CELEBRATE 2019 (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	365,759			365,759
	2 Less Contributions	186,600			186,600
	3 Gross income (line 1 minus line 2)	179,159			179,159
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	181,755			181,755
	6 Rent/facility costs	65,100			65,100
	7 Food and beverages	38,413			38,413
	8 Entertainment				
	9 Other direct expenses	63,138			63,138
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				348,406
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-169,247	

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			9,248
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			4,845	4,845
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				4,845	
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				4,403	

9 Enter the state(s) in which the organization conducts gaming activities TX _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____
 RAFFLE EXPLANATIONSEE PART IV FOR EXPLANATIONTHE TEXAS CHARITABLE RAFFLE ENABLING ACT, EFFECTIVE JANUARY 1, 1990, PERMITS "QUALIFIED ORGANIZATIONS" TO HOLD UP TO TWO RAFFLES PER CALENDAR YEAR, WITH CERTAIN SPECIFIED RESTRICTIONS THE ORGANIZATION IS NOT REQUIRED TO REGISTER WITH THE STATE BEFORE CONDUCTING A RAFFLE IF TWO OR LESS RAFFLES ARE HELD DURING THE CALENDAR YEAR

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 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
- | | | |
|--------------------------------------|------------|-----------|
| a The organization's facility | 13a | 100 000 % |
| 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 ▶ SUZANNE TOWNSEND

Address ▶ 10600 PRESTON ROAD
DALLAS, TX 75230

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶ RECORDKEEPING

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	COMPENSATION OF PROFESSIONAL FUNDRAISERS COMPENSATION AGREEMENTS FOR PAYMENTS TO PROFESSIONAL FUNDRAISERS DISTINGUISH BETWEEN PAYMENTS FOR SERVICES VERSUS REIMBURSEMENTS FOR FUNDRAISING EXPENSES REIMBURSABLE EXPENSES INCLUDE THE FOLLOWING \$6,791 - TRAVEL, AIRFARE, LODGING, TELEPHONE ETC
SCHEDULE G, PART II	FUNDRAISING EVENTS THE SCHOOL HELD A MAJOR EVENT DURING THE FISCAL YEAR AN AUCTION WHICH HAD GROSS RECEIPTS OF \$561,606 AND DIRECT EXPENSES OF \$353,250, RESULTING IN A NET PROFIT OF \$208,356 PER FORM 990 INSTRUCTIONS, THE SCHOOL IS REQUIRED TO RECLASS THE CHARITABLE CONTRIBUTION PORTION OF ITS FUNDRAISING GROSS RECEIPTS TO FORM 990, PART VIII, STATEMENT OF REVENUE, LINE 1C

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ST MARK'S SCHOOL OF TEXAS

Employer identification number

75-0827460

Part I General Information on Grants and Assistance

- 1 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 award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FINANCIAL AID TO STUDENTS ATTENDING ST MARK'S	120	2,286,911		FMV	N/A
(2) TUITION REMISSION TO STUDENTS ATTENDING ST MARK'S	24	484,079		FMV	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE ORGANIZATION PROVIDES FINANCIAL AID TO STUDENTS ATTENDING THE SCHOOL THE FINANCIAL AID IS PROVIDED SO LONG AS THE STUDENT CONTINUES TO MEET THE SCHOOL'S STANDARDS AND EXPECTATIONS AND SO LONG AS THE FAMILY'S NEEDS WARRANT SUCH AID APPLICATION FOR FINANCIAL AID, HOWEVER, MUST BE MADE ANNUALLY AND IN ACCORDANCE WITH THE APRIL 15 DEADLINE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST MARK'S SCHOOL OF TEXAS

Employer identification number
75-0827460

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID DINI HEADMASTER	(i)	623,124	0	0	36,500	14,663	674,287	0
	(ii)	0	0	0	0	0	0	0
2 JOHN ASHTON ASSOCIATE HEADMASTER	(i)	394,631	0	0	18,900	12,846	426,377	0
	(ii)	0	0	0	0	0	0	0
3 SUZANNE TOWNSEND CHIEF FINANCIAL OFFICER	(i)	301,910	0	0	18,900	9,175	329,985	0
	(ii)	0	0	0	0	0	0	0
4 JOHN S JOLLY SR DIRECTOR LEADERSHIP GI	(i)	194,616	0	0	12,687	8,790	216,093	0
	(ii)	0	0	0	0	0	0	0
5 DEAN CLAYMAN HEAD OF MIDDLE SCHOOL	(i)	159,276	0	0	9,000	8,647	176,923	0
	(ii)	0	0	0	0	0	0	0
6 JUDITH T SUTCLIFFE MASTER TEACHING CHAIR	(i)	170,374	0	0	12,533	8,942	191,849	0
	(ii)	0	0	0	0	0	0	0
7 MARK WEBB DIRECTOR OF PHYSICAL PLANT	(i)	169,846	0	0	9,441	8,685	187,972	0
	(ii)	0	0	0	0	0	0	0
8 JAMES WOMACK DIRECTOR OF DEVELOPMENT	(i)	176,085	0	0	9,960	11,330	197,375	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	BENEFITS PROVIDED TO OFFICERS, DIRECTORS, AND KEY EMPLOYEES DAVID DINI RECEIVED THE FOLLOWING BENEFITS, WHICH WERE REPORTED IN HIS TAXABLE COMPENSATION -DISCRETIONARY SPENDING ACCOUNT -HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE -HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES -PERSONAL SERVICES



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ST MARK'S SCHOOL OF TEXAS

Employer identification number

75-0827460

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Row 1: HACKBERRY CULTURAL EDUCATION FACILITIES, 75-2237898, NONEAVAIL, 08-17-2001, 4,000,000, REFINANCING LOAN, X, X, X.

Part II Proceeds

Table with columns A, B, C, D. Rows 1-13: Amount of bonds retired (690,897), Total proceeds of issue (4,000,000), Issuance costs from proceeds (52,659), Other spent proceeds (4,000,000), Year of substantial completion (2015). Rows 14-17: Questions about bond issuance and allocation.

Part III Private Business Use

Table with columns A, B, C, D. Rows 1-2: Questions about partnership/LLC ownership and private business use of bond-financed property.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES	(A) ISSUER NAME HACKBERRY CULTURAL EDUCATION FACILITIES FINANCE CORPORATION

Return Reference	Explanation
PART III LINE 9 AND PART IV, LINE 7	WRITTEN MONITORING PROCEDURES THE ORGANIZATION HAS REPRESENTED THAT IT WILL, AND COVENANTED TO, COMPLY WITH ALL TAX REQUIREMENTS IMPOSED BY THE CODE TO SATISFY SECTIONS 141 AND 145 THROUGH 150 OF THE CODE IN THE TAX CERTIFICATE AND LOAN AGREEMENT RELATED TO THE TAX-EXEMPT BOND ISSUE OTHER THAN THESE REPRESENTATIONS AND COVENANTS, THE ORGANIZATION HAS NOT ADOPTED POST-ISSUANCE MONITORING PROCEDURES THE ORGANIZATION REALIZES THAT POST-ISSUANCE MONITORING PROCEDURES ARE AN IMPORTANT TOOL IN THE MANAGEMENT OF ISSUES ARISING AFTER TAX-EXEMPT BONDS ARE ISSUED WHILE THE ORGANIZATION DOES NOT CURRENTLY HAVE DETAILED WRITTEN PROCEDURES, IT HOWEVER HAS CONSULTANTS, WITH WHOM IT CONSULTS FROM TIME TO TIME ON AN AD HOC BASIS, INCLUDING BOND COUNSEL, TO ENSURE ONGOING COMPLIANCE WITH TAX AND SECURITIES LAWS IN ADDITION, THE ORGANIZATION IS CONSIDERING ESTABLISHING ADDITIONAL POST-ISSUANCE MONITORING PROCEDURES TO ENSURE CONTINUED COMPLIANCE WITH SECTIONS 141 AND 145 THROUGH 150 OF THE CODE

Return Reference	Explanation
PART V	PROCEDURES TO UNDERTAKE CORRECTIVE ACTION THE SCHOOL WILL CONSIDER ADOPTING SPECIFIC WRITTEN PROCEDURES TO ENSURE TIMELY CORRECTION OF POTENTIAL VIOLATIONS OF FEDERAL TAX REQUIREMENTS RELATED TO ITS BOND ISSUE THROUGH THE USE OF THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDICATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS HOWEVER, THE SCHOOL HAS COVENANTED IN ITS TRUST AGREEMENT AND OTHER DOCUMENTS RELATED TO ITS BOND ISSUE TO COMPLY WITH ALL APPLICABLE FEDERAL TAX REQUIREMENTS RELATED TO ITS BOND ISSUE ADDITIONALLY, THE SCHOOL HAS COVENANTED TO MAINTAIN ALL REQUIRED RECORDS RELATED TO ITS BOND ISSUE FOR FEDERAL TAX COMPLIANCE AND ENGAGES AN EXPERT TO COMPUTE THE SCHOOL'S POTENTIAL REBATE LIABILITY UNDER APPLICABLE ARBITRAGE REBATE REGULATIONS, WHEN REQUIRED, TO ENSURE TIMELY COMPLIANCE WITH THESE REQUIREMENTS

Additional Data

Software ID:

Software Version:

EIN: 75-0827460

Name: ST MARK'S SCHOOL OF TEXAS

Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES	(A) ISSUER NAME HACKBERRY CULTURAL EDUCATION FACILITIES FINANCE CORPORATION
PART III LINE 9 AND PART IV, LINE 7	WRITTEN MONITORING PROCEDURES THE ORGANIZATION HAS REPRESENTED THAT IT WILL, AND COVENANTED TO, COMPLY WITH ALL TAX REQUIREMENTS IMPOSED BY THE CODE TO SATISFY SECTIONS 141 AND 145 THROUGH 150 OF THE CODE IN THE TAX CERTIFICATE AND LOAN AGREEMENT RELATED TO THE TAX-EXEMPT BOND ISSUE OTHER THAN THESE REPRESENTATIONS AND COVENANTS, THE ORGANIZATION HAS NOT ADOPTED POST-ISSUANCE MONITORING PROCEDURES THE ORGANIZATION REALIZES THAT POST-ISSUANCE MONITORING PROCEDURES ARE AN IMPORTANT TOOL IN THE MANAGEMENT OF ISSUES ARISING AFTER TAX-EXEMPT BONDS ARE ISSUED WHILE THE ORGANIZATION DOES NOT CURRENTLY HAVE DETAILED WRITTEN PROCEDURES, IT HOWEVER HAS CONSULTANTS, WITH WHOM IT CONSULTS FROM TIME TO TIME ON AN AD HOC BASIS, INCLUDING BOND COUNSEL, TO ENSURE ONGOING COMPLIANCE WITH TAX AND SECURITIES LAWS IN ADDITION, THE ORGANIZATION IS CONSIDERING ESTABLISHING ADDITIONAL POST-ISSUANCE MONITORING PROCEDURES TO ENSURE CONTINUED COMPLIANCE WITH SECTIONS 141 AND 145 THROUGH 150 OF THE CODE
PART V	PROCEDURES TO UNDERTAKE CORRECTIVE ACTION THE SCHOOL WILL CONSIDER ADOPTING SPECIFIC WRITTEN PROCEDURES TO ENSURE TIMELY CORRECTION OF POTENTIAL VIOLATIONS OF FEDERAL TAX REQUIREMENTS RELATED TO ITS BOND ISSUE THROUGH THE USE OF THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDICATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS HOWEVER, THE SCHOOL HAS COVENANTED IN ITS TRUST AGREEMENT AND OTHER DOCUMENTS RELATED TO ITS BOND ISSUE TO COMPLY WITH ALL APPLICABLE FEDERAL TAX REQUIREMENTS RELATED TO ITS BOND ISSUE ADDITIONALLY, THE SCHOOL HAS COVENANTED TO MAINTAIN ALL REQUIRED RECORDS RELATED TO ITS BOND ISSUE FOR FEDERAL TAX COMPLIANCE AND ENGAGES AN EXPERT TO COMPUTE THE SCHOOL'S POTENTIAL REBATE LIABILITY UNDER APPLICABLE ARBITRAGE REBATE REGULATIONS, WHEN REQUIRED, TO ENSURE TIMELY COMPLIANCE WITH THESE REQUIREMENTS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2018
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ST MARK'S SCHOOL OF TEXAS

Employer identification number
75-0827460

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	32	531,791	SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts	X	1	90,000	APPRAISAL
25 Other ▶ (AUCTION AND RAFFLE ITEMS)	X	49	186,600	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a	Yes	
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	USE THIRD PARTIES TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS A STOCK BROKER IS USED TO SELL STOCK RECEIVED AS CONTRIBUTIONS

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.

▶ Attach to Form 990 or 990-EZ.

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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
ST MARK'S SCHOOL OF TEXAS

Employer identification number

75-0827460

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY AND BUSINESS RELATIONSHIPS HILLEL FEINBERG AND WAYNE PLACIDE - BUSINESS RELATIONSHIP JON MOSLE, III AND TAYLOR WILSON - BUSINESS RELATIONSHIP JON MOSLE, III AND CRAIG BUDNER - BUSINESS RELATIONSHIP JON MOSLE, III AND A MICHAEL WARNECKE - BUSINESS RELATIONSHIP CLARK HUNT AND DANIEL HUNT - FAMILY RELATIONSHIP DAVID ACKERMAN AND A MICHAEL WARNECKE - BUSINESS RELATIONSHIP DAVID GENECOV AND CRAIG BUDNER - BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 4</p>	<p>THE FOLLOWING CHANGES WERE MADE TO THE BYLAWS EFFECTIVE FOR THE 2019 CALENDAR YEAR: SPECIAL MEMBER DESIGNATION WAS REMOVED; ELECTIVE OFFICERS WERE CHANGED TO INCLUDE PRESIDENT, VICE PRESIDENT AND SECRETARY AND SUCH OTHER OFFICERS AS MAY BE DETERMINED FROM TIME TO TIME BY THE BOARD; POSITION OF TREASURER, ASSISTANT TREASURER, AND ASSISTANT SECRETARY WERE ELIMINATED FROM THE BOARD; TERM OF OFFICERS WAS CHANGED TO "SCHOOL YEAR" TERM, RATHER THAN ANNUALLY; ADDITION OF ARTICLE 11 INDEMNIFICATION AS FOLLOWS: 11.1 REQUIRED AND PERMISSIVE INDEMNIFICATION: THE CORPORATION SHALL INDEMNIFY AND ADVANCE REASONABLE EXPENSES TO (I) ANY PERSON WHO IS OR WAS A TRUSTEE, LIFE TRUSTEE, OFFICER, OR SPECIAL ADVISOR OF THE CORPORATION OR (II) ANY PERSON DESCRIBED IN CLAUSE (I) WHO SERVES OR HAS SERVED AT THE REQUEST OF THE CORPORATION AS A TRUSTEE, DIRECTOR, OFFICER, PARTNER, VENTURER, PROPRIETOR, EMPLOYEE, AGENT, OR SIMILAR FUNCTIONARY OF THE CORPORATION OR OF ANOTHER FOREIGN OR DOMESTIC CORPORATION, PARTNERSHIP, JOINT VENTURE, SOLE PROPRIETORSHIP, TRUST, EMPLOYEE BENEFIT PLAN, OR OTHER ENTERPRISE, AGAINST ALL JUDGMENTS, PENALTIES (INCLUDING EXCISE AND SIMILAR TAXES), FINES, SETTLEMENTS AND REASONABLE EXPENSES (INCLUDING COURT COSTS AND ATTORNEYS' FEES) ACTUALLY INCURRED BY HIM OR HER IN CONNECTION WITH A PROCEEDING ARISING OUT OF OR RELATING TO SUCH PERSON'S SERVICE(S) FOR, ON BEHALF OF, OR AT THE REQUEST OF, OR SUCH PERSON'S STATUS WITH, THE CORPORATION, TO THE FULLEST EXTENT THAT A CORPORATION MAY OR IS REQUIRED TO GRANT INDEMNIFICATION TO A DIRECTOR UNDER, BUT SUBJECT TO ANY LIMITATIONS OR REQUIREMENTS UNDER, THE TEXAS BUSINESS ORGANIZATIONS CODE OR OTHER APPLICABLE LAW (WHETHER OR NOT SUCH PERSON IS, IN FACT, CONSIDERED AS A DIRECTOR UNDER THE TEXAS BUSINESS ORGANIZATIONS CODE); THE CORPORATION ALSO MAY INDEMNIFY AND ADVANCE REASONABLE EXPENSES TO A PERSON WHO IS AN EMPLOYEE, AN AGENT, OR AN INDIVIDUAL IDENTIFIED IN CLAUSE (I) OR (II) ABOVE AND WHO IS NOT A TRUSTEE TO SUCH FURTHER EXTENT, BUT SUBJECT TO ANY LIMITATIONS OR REQUIREMENTS, CONSISTENT WITH LAW, AS MAY BE PROVIDED BY THE CORPORATION'S CERTIFICATE OF FORMATION, THESE BYLAWS, OR GENERAL OR SPECIFIC ACTION OF THE BOARD; OR BY CONTRACT; 11.2 LIMITATION ON INDEMNIFICATION: IN CASE OF A SUIT BY OR IN THE RIGHT OF THE CORPORATION AGAINST A PERSON SPECIFIED IN SECTION 11.1, THE PERSON SHALL NOT BE ENTITLED TO INDEMNIFICATION (INCLUDING, WITHOUT LIMITATION, PAYMENT OF EXPENSES), EXCEPT AS OTHERWISE MAY BE REQUIRED BY APPLICABLE LAW OR CONSISTENT WITH APPLICABLE LAW BY CONTRACT, THE CORPORATION'S CERTIFICATE OF FORMATION, THESE BYLAWS, OR GENERAL OR SPECIFIC ACTION OF THE BOARD; 11.3 CONTINUATION OF INDEMNIFICATION: THE INDEMNIFICATION (INCLUDING, WITHOUT LIMITATION, PAYMENT OF EXPENSES) PROVIDED BY THIS ARTICLE 11 SHALL CONTINUE AS TO A PERSON WHO HAS CEASED TO HOLD A POSITION WITH THE CORPORATION SPECIFIED IN THIS ARTICLE 11 WITH RESPECT TO HIS OR HER SERVICE IN THAT POSITION AND SHALL INURE TO HIS OR HER HE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	IRS, EXECUTORS, AND ADMINISTRATORS 11 4 DEFINITION OF PROCEEDING AS USED IN THIS ARTICLE 11, THE TERM "PROCEEDING" MEANS (I) A THREATENED, PENDING, OR COMPLETED ACTION OR OTHER PROCEEDING, WHETHER CIVIL, CRIMINAL, ADMINISTRATIVE, ARBITRATIVE, OR INVESTIGATIVE, (II) AN APPEAL OF AN ACTION OR PROCEEDING DESCRIBED BY CLAUSE (I) OF THIS SECTION 11 4, AND (II) AN INQUIRY OR INVESTIGATION THAT COULD LEAD TO AN ACTION OR PROCEEDING DESCRIBED BY CLAUSE (I) OF THIS SECTION 11 4 11 5 NON-EXCLUSIVITY THE RIGHTS OF A PERSON SET FORTH IN THIS ARTICLE 11 SHALL NOT BE EXCLUSIVE OF ANY OTHER RIGHT WHICH SUCH PERSON MAY HAVE OR HEREAFTER ACQUIRE RELATING TO THE SUBJECT MATTER HEREOF IF SUCH OTHER RIGHT IS NOT PROHIBITED BY APPLICABLE LAW OR THIS ARTICLE 11 THE BOARD OF TRUSTEES SHALL HAVE THE POWER TO DEFINE THE EXTENT OF, AND THE REQUIREMENTS AND LIMITATIONS FOR, THE CORPORATION'S INDEMNIFICATION OF ANY INDIVIDUAL OR ENTITY TO THE EXTENT SUCH POWER IS NOT LIMITED BY APPLICABLE LAW OR THIS ARTICLE 11 ADDITION OF ARTICLE 12 8 12 8 BOARD AND COMMITTEE ACTION WITHOUT MEETING AN ACTION REQUIRED TO BE TAKEN, OR THAT MAY BE TAKEN, AT A MEETING OF THE BOARD OR A COMMITTEE MAY BE TAKEN WITHOUT A MEETING IF A WRITTEN CONSENT, STATING THE ACTION TO BE TAKEN, IS SIGNED BY THE NUMBER OF TRUSTEES OR COMMITTEE MEMBERS NECESSARY TO TAKE THAT ACTION AT A MEETING AT WHICH ALL TRUSTEES OR COMMITTEE MEMBERS ARE PRESENT AND VOTING, WITH THE CONSENT TO STATE THE DATE OF EACH TRUSTEE'S OR COMMITTEE MEMBER'S SIGNATURE PROMPT NOTICE OF THE TAKING OF AN ACTION BY TRUSTEES OR A COMMITTEE WITHOUT A MEETING BY LESS THAN UNANIMOUS WRITTEN CONSENT MUST BE GIVEN TO EACH TRUSTEE OR COMMITTEE MEMBER WHO DID NOT CONSENT IN WRITING TO THE ACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY A TRUSTEE COMMITTEE RECURITS NEW TRUSTESS TO THE BOARD ON A YEARLY BASIS THE COMMITTEE THEN SUBMITS THE NOMINATIONS TO THE EXECUTIVE COMMITTEE AND THE BOARD OF TRUSTEES WHO VOTE ON THE NOMINATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS SUBJECT TO APPROVAL BY MEMBERS, STOCKHOLDERS, OR OTHER PERSONS THE ORGANIZATION HAS VARIOUS COMMITTEES WHO MEET AND MAKE RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE REVIEWS THE RECOMMENDATIONS AND VOTES ON THE MATTERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 A DRAFT COPY OF THE FORM 990 IS SUBMITTED TO THE AUDIT COMMITTEE THE COMMITTEE REVIEWS AND APPROVES THE TAX RETURN BEFORE IT IS FILED ONCE THE RETURN HAS BEEN APPROVED, IT IS COMMUNICATED TO THE EXECUTIVE COMMITTEE AND THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MONITORING AND ENFORCING CONFLICT OF INTEREST POLICY EACH YEAR EVERY TRUSTEE IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE THE DIRECTOR OF FINANCE AND ADMINISTRATION REVIEWS EACH QUESTIONNAIRE FOR ANY ISSUES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DETERMINING COMPENSATION FOR EMPLOYEES IS DETERMINED BY REVIEWING THE EMPLOYEE'S PAST WORK HISTORY AND THE CURRENT YEAR BUDGET BY THE DEPARTMENT HEADS THE DEPARTMENT HEADS THEN MAKE RECOMMENDATIONS TO THE HEADMASTER WHO THEN MAKES THE FINAL DETERMINATION FOR THE EMPLOYEE'S COMPENSATION THE HEADMASTER'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE WHO IS ADVISED BY COMPENSATION CONSULTANTS AND BY COMPARING COMPENSATION TO OTHER COMPARABLE INDEPENDENT SCHOOL'S DATA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF DOCUMENTS TO THE PUBLIC AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST A 83,452 OTHER CHANGE IN NET ASSETS - FUNDRAISING -31,004 PLEDGE DISCOUNT IN ACCORDANCE WITH ASC 958-605-30 -301,307

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGE FOR THE CURRENT YEAR