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	EXTENDED TO AU					
Form 990-T	Exempt Organization Bus			ax Returr	1	OMB No 1545-0687
	(and proxy tax und			10/01		2010
•	For calendar year 2018 or other tax year beginning $\overline{\text{OCT}}$ 1.				<u>.9</u>	2018
Department of the Treasury	Go to www irs.gov/Form990T for in				ŀ	Open to Public Inspection for
Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may			zation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name c BOYS AND GIRLS COUNTRY	_	d and see instructions) HOUSTON		(Emp	oloyer identification number ployees' trust, see ructions)
B Exempt under section	Print ENDOWMENT FUND, INC.				7	76-0162538
X 501(c √3)	Number, street, and room or suite no. If a P.O. box	x, see II	nstructions.			elated business activity code instructions)
408(e)220(e)	Type 18806 ROBERTS ROAD] (000	mondonoms ,
408A 530(a)	City or town, state or province, country, and ZIP o	r foreig	n postal code			
529(a)	HOCKLEY, TX 77447				523	3000
C Book value of all assets at end of year	F Group exemption number (See instructions.)	>				
21,142,9	26. G Check organization type 🕨 🗓 501(c) corp	poratio	n 501(c) trust	401(a)) trust	Other trust
H Enter the number of the	organization's unrelated trades or businesses. 🕨	2	Describe	the only (or first) un	related	1
trade or business here	SEE STATEMENT 1		If only one,	, complete Parts I-V.	If more	e than one,
describe the first in the b	lank space at the end of the previous sentence, complete Pa	arts I ar	nd II, complete a Schedul	e M for each additior	nal trad	le or
business, then complete	Parts III-V.					
I During the tax year, was	the corporation a subsidiary in an affiliated group or a parei	nt-subs	sidiary controlled group?	▶ [Y	es X Nu
If "Yes," enter the name a	and identifying number of the parent corporation.					
	▶ JAMES ALLEN		Teleph	one number 🕨 2	<u> 81-</u>	· · · · · · · · · · · · · · · · · · ·
Part T Unrelated	d Trade or Business Income		(A) Income	(B) Expenses	S	(C) Net
1a Gross receipts or sale	es					/
b Less returns and allow	wances c Balance	1c				
2 Cost of goods sold (S	Schedule A, line 7)	2				
3 Gross profit. Subtract	t line 2 from line 1c	3				
4a Capital gain net incon	ne (attach Schedule D)	4a				
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b			-5/	
c Capital loss deduction	n for trusts	4c		RECEIVE		O
5 Income (loss) from a	partnership or an S corporation (attach statement)	5	2			<u> </u>
6 Rent income (Schedu		6	000	AUG 2 7 2	020	i i
	ed income (Schedule E)	7	17			
	yalties, and rents from a controlled organization (Schedule F)	8			LIT	
	f a section 501(c)(7), (9), or (17) organization (Schedule G)	-		OGDEN,	U I	
	vity income (Schedule I)	10				
11 Advertising income (S		11				
	structions; attach schedule)	12				
13 Total. Combine lines	•	13/	0.			
	ns Not Taken Elsewhere (See instructions for			<u> </u>		
	contributions, deductions must be directly connected					
14 Compensation of off	ficers, directors, and trustees (Schedule K)				14	T
15 Salaries and wages	(2				15	
16 Repairs and mainten	nance				16	
17 Bad debts					17	
	edule) (see instructions)				18	
19 Taxes and licenses	(000 111011 00110110)			•	19	
	ons (See instructions for limitation rules)				20	
21 Depreciation (attach	·		21		20	
· ·	almed on Schedule A and elsewhere on return		22a		22b	
23 Depletion	anned on Schedule A and elsewhere on return		[22a]		1	
*	orred companyation plans				23	
	erred compensation plans		•		24	
					25	
26 Excess exempt expe					26	 -
27 Excess readership c	•		•		27	
28 Other deductions (at					28	
/	dd lines 14 through 28				29	0.
<i>1</i>	taxable income before net operating loss doduction. Subtrac				30	0.
	erating loss arising in tax years beginning on or after Janua	ıry 1, 20	018 (see instructions)		31	
	taxable income. Subtract line 31 from line 30		<u> </u>		32	0.
823701 01-09-19 LHA FO	or Paperwork Reduction Act Notice, see instructions.					Form 990-T (2018)

823711 01-09-19

Form 990-1	(2018) ENDOWMENT FUND, INC.	<u>76-0</u> 1	<u> </u>	Page 2
Part J			_	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	ons)) 33	40,067.
34	Amounts paid for disallowed fringes		84	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 5	35	1,207.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
•	lines 33 and 34		36	38,860.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	Q	クト ガー	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			27000
30	enter the smaller of zero or line 36	11	. 8	37,860.
Dart I	▼\\Tax Computation		<u> </u>	37,000.
	· 1		1 40	7,951.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		- \ <u>39</u>	1,331.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 f	rom:		
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax See instructions	•	• 4 7]	·
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions	,	1 43	5 0 5 4
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		14	7,951.
Part A	· · · · · · · · · · · · · · · · · · ·			
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		⊣ I l	
b	Other credits (see instructions)			
C	General business credit. Attach Form 3800		 	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		⊣ 1	
е	Total credits Add lines 45a through 45d		45 e	
46	Subtract line 45e from line 44		46	7,951.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 C	ther (attach schedul		
48	Total tax. Add lines 46 and 47 (see instructions)		48	7,951.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018		!	
b	2018 estimated tax payments 50b			
C	Tax deposited with Form 8868		\ \ \	
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
e	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f			
g	Other credits, adjustments, and payments: Form 2439] []	
·	☐ Form 4136 ☐ Other ☐ Total ► 50g		_]	
51	Total payments. Add lines 50a through 50g		_ 5 !i	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	Ļ	2 1	324.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed STATEMENT	r 2 🔰	53	8,275.
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	► 54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	► 555	
Part \	/I Statements Regarding Certain Activities and Other Information (see in	nstructions)	4	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other at	uthority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have	-		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co			
	here >	,		x_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	a forcion trust?		X
01	If "Yes," see instructions for other forms the organization may have to file.	, a foreign trust		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a	and to the best of my	knowledge and be	lief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any ki			
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			cuss this return with
	Signature of officer Date Title		the preparer sho	X Yes No
		Charle		C 103 140
_	Print/Type preparer's risure Preparer's signature Date	Check		
Paid	CITY TO TABOR CPA // // // // // // // // // // // // //	self- employ		171700
Prepa	arer of the period company of	[Fire-2] - [Fire		<u>171798</u>
Use C	only Firm's name ► HARPER & PEARSON COMPANY, P.C.	Firm's EIN	/4-	1695589
	ONE RIVERWAY, SUITE 1900 Firm's address HOUSTON. TX 77056	Dhanana	/7121	622-2310
	TEILII S AUUI CSS P TOUSTON, TA //UDD	i Pilone no.	(/13)	022-2310

Form **990-T** (2018)

BOYS AND GIRLS COUNTRY OF HOUSTON Form 990-T (2018) ENDOWMENT FUND, INC.

76-0162538

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		_ 6	Inventory at end of year	r		6		
2 Purchases	2		_ 7	Cost of goods sold Su	btract l	ine 6	İ		
3 Cost of labor	3		_	from line 5. Enter here a	and ın l	Part I,			
4a Additional section 263A costs				line 2				<u> </u>	
(attach schedule)	4a		_ 8					Yes	No
b Other costs (attach schedule)	4b		╣	property produced or a	cquired	d for resale) apply to			
5 Total Add lines 1 through 4b	5		<u> </u>	the organization?		114611 5 15			
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property I	Leas	ed with Real Pro	per	ty)	
(see instructions)	-								
1 Description of property									
(1)						···			
(2)								-	
(3)							********		
(4)									
	2 Rent receiv	ed or accrued			١	0(-) 0			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	persona	sonal property (if the percental property exceeds 50% or if sed on profit or income)	tge			ected with the income in) (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	<u> </u>			
(c) Total income. Add totals of columns		iter			_	(b) Total deductions Enter here and on page 1,			_
here and on page 1, Part I, line 6, column Schedule E - Unrelated Del		Linoomo /			0.	Part I, line 6, column (B)	<u> </u>		0.
Scriedule E - Olirelated Del	ot-rinanced	i iiicome (see	Instit	ictions)		3. Deductions directly co	nnecte	d with or allocable	
			2	2. Gross income from		to debt-finan			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)		·	1				+		
(2)									
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to anced property h schedule)	•	6. Column 4 divided by column 5	:	7 Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of cotu- 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
				-		inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (B	
Totals				▶		0			0.
Total dividends-received deductions in	icluded in colum	n 8		•			•		0.

Form **990-T** (2018)

Schedule F - Interest,	Amana	, noya	ides, a		Controlled C			auo	113 (566 118	Struction	15)
Name of controlled organiza	tion	2. Em identifi num	cation		related income e instructions)		al of specified ments made	includ	rt of column 4 ded in the con zation's gross	trolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)							·				
(4)					. '				_		
Nonexempt Controlled Organi	ızatıons			•		•	_	1			
7. Taxable Income		unrelated incor see instruction		9 Total	of specified pay made	ments	10. Part of column the controll gross		nization's		eductions directly connected th income in column 10
(1)	ļ			 							
(2)										<u> </u>	
(3)	†			 							
(4)				<u> </u>							
<u> </u>							Add colum Enter here and line 8, 0		e 1, Part I,	!	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						>			0.	L	0.
Schedule G - Investme		me of a	Section	1 501(c)	(7), (9), or	(17) Or	ganization)			
1. Desc	ription of ince	ome			2. Amount of	'income	3. Deduction directly connective	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								-			
(2)		,	-								
(3)											
(4)											
					Enter here and Part I, line 9, co				•		Enter here and on page 1 Part I, line 9, column (B)
Totals				•	ł	0.					0.
Schedule I - Exploited (see instri	-	t Activity	Incom	ne, Othe	r Than Ac	lvertisi	ng Income)			
Description of exploited activity	unrelated	Gross d business ne from business	directly with pr of un	openses connected roduction irelated ss income	4 Net incor from unrelated business (cominus colurrings) gain, comput through	d trade or olumn 2 in 3) If a ie cols 5	5. Gross inco from activity is not unrelat business inco	that ted	attribut	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	 										
(2)					 		_	-			-
(3)									<u> </u>	·	
(4)			<u> </u>								
	page	ere and on 1, Part I, , col (A)	page	ere and on 1, Part I, , col (B)				_	<u> </u>		Enter here and on page 1, Part II, line 26
Totals -		0.		0.	,						0.
Schedule J - Advertisi	ing Inco	me (see	nstructio	ns)							
Part I Income From	Periodio	cals Rep	orted c	n a Cor	solidated	Basis					
1 Name of periodical		2. Gross advertising income	adv	3. Direct rertising costs	or (loss) (c col 3) if a g	tising gain of 2 minus ain, comput hrough 7	5. Circulat		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											J
(3)											
(4)								_]
	1						1				
Totals (carry to Part II, line (5))	•		0.	C).						0.

BOYS AND GIRLS COUNTRY OF HOUSTON

76-0162538

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Form 990-T (2018) ENDOWMENT FUND, INC.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	adv	Gross ertising come	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							Ī
(4)							
Totals from Part I	•	0.	0.				0.
	page	ere and on 1, Part I, 1, col (A)	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0.

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Department of the Treasury

Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

40,067.

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0687

ENTITY

Open to Public Inspection for 501(c)(3) Organizations Only

40,067.

BOYS AND GIRLS COUNTRY OF HOUSTON Employer identification number Name of the organization ENDOWMENT FUND, INC. 76-0162538 Unrelated business activity code (see instructions) ▶ 523000 ► MARBLE CAPITAL FUND I-AI LP Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales c Balance **b** Less returns and allowances 10 2 Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 40,067 40,067. statement) STATEMENT 6 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages		• •	15	<u> </u>
16	Repairs and maintenance			16	
17	Bad debts		•	17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)		,	20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion		•	23	
24	Contributions to deferred compensation plans			24	<u> </u>
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28		-	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract lin	e 29 f	rom line 13	30	40,067.
31	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018	(see		
	instructions) .			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	40,067.

LHA For Paperwork Reduction Act Notice, see instructions.

Total, Combine lines 3 through 12

Schedule M (Form 990-T) 2018

STATEMENT

1

FORM 990-T

FORM 990-T	INT	EREST A	AND PENALTI	ES		STA	PEMENT	
TAX FROM FORM 99 UNDERPAYMENT I LATE PAYMENT I LATE PAYMENT I	PENALTY INTEREST						20	51. 24. 00.
TOTAL AMOUNT DU	.						8,71	.4.
FORM 990-T		LATE I	PAYMENT INT	EREST		STA	PEMENT	3
DESCRIPTION	DATE	A	MOUNT 1	BALANCE	RATE	DAYS	INTERES	T
TAX DUE DATE FILED	02/15/2 08/15/2		7,951.	7,951. 8,151.	.0500	182	20	00.
TOTAL LATE PAYMEN	T INTEREST						20	0.
FORM 990-T		LATE PA	AYMENT PENA	LTY		STA	PEMENT	4
	D	ATE	AMOUNT	BALANCE	MOI	NTHS	PENALTY	<u>.</u>
DESCRIPTION								
TAX DUE DATE FILED		15/20 15/20	7,951	. 7,9 7,9		6	23	39.

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED

BUSINESS ACTIVITY

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT `5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17 09/30/18	786. 421.	0.	786. 421.	786. 421.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	1,207.	1,207.

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
MARBLE CAPITAL FUND I-AI, LP - ORDINARY BUSINESS INCOME (LOSS) MARBLE CAPITAL FUND I-AI, LP - INTEREST INCOME	40,027.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	40,067.