Federal Tax Return

SOMERSET ISD EDUCATION FOUNDATION

2023

Wm F Overstreet, III C.P.A. 2738 OAK ISLAND DR LOT 9 SAN ANTONIO, TX 78264 Phone: 210-275-9609 WMOVERSTREETIII.CPA@GMAIL.COM Form 990 Comparison

	SOMERSET ISD EDUCATION FOUNDATION					
	11-3841532		Prior Year	Current Year	Difference	%
	1a Federated campaigns	1a	0	0	0	0%
	b Membership dues	1b	0	0	0	0%
	c Fundraising events	1c	0	0	0	0%
	d Related organizations	1d	0	0	0	0%
	e Government grants (contributions)	1e	0	0	0	0%
	f All other contributions, gifts, grants,					
	and similar amounts not included above	1f	321,463	337,662	16,199	5%
	g Total (add lines 1a through 1f)	1g	321,463	33 7,662	16,199	5%
	2 Program service revenue:			`\\\		201
	a	2a	0	0	0	0%
	b	2b	0	0	0	0%
	C	2c	.0	0	0	0%
	d	2d	0	0	0	0%
	e	2e	/ 0	/ / 0	0	0%
	f All other program service revenue	2f	0 ,	0	0	0%
	g Total (add lines 2a through 2f)	2g	0	0	0	0%
	3 Investment income				0.450	4000/
	(including dividends, interest and other similar amounts)	3	1,136	3,294	2,158	190%
	4 Income from investment of tax-exempt bond proceeds	4	0	0	0	0%
Revenue	5 Royalties	5	0	0	0	0%
	6a Gross rents (real and personal)	6a	0	0	0	0%
	b Less: rental expenses	6b	0	0	0	0% 0%
	c Net rental income or (loss)	6c	0	0	0	
	7a Gross amount from sales of assets (other than inventory) .	7a	1,859	2,258	399	21%
	b Less: cost or other basis and sales expenses	7b	0	0	0	0% 21%
	c Net gain or (loss) from sales of assets.	7c	1,859	2,258	399	21%
	8a Gross income from fundraising events	8a	63,441	76,934	13,493 11,895	44%
	b Less: direct expenses	8b	26,731	38,626	1,598	44 %
	c Net income or (loss) from fundraising events.	8c	36,710	38,308	1,380	0%
	9a Gross revenue from gaming activities	9a	0	0	0	0%
	b Less: direct expenses	9b 9c	0	0	0	0%
	c Net income or (loss) from gaming activities	10a	0	0	ol	0%
	10a Gross sales of inventory, less returns and allowances	10a	0		0	0%
	b Less: cost of goods sold	10b	0	0	0	0%
	Miscellaneous Revenue	100			Ü	
		11a	0	0	О	0%
	11ab	11b	0	0	0	0%
		11c	0	ļ	0	0%
	d All other revenue	11d	0		0	0%
	e Total	11e	0		0	0%
	12 Total revenue:	1.16		Ū		
	Add lines 1g, 2g, 3, 4, 5, 6c, 7c, 8c, 9c, 10c, and 11e	12	361,168	381,522	20,354	6%
	Add lines 19, 29, 3, 4, 0, 00, 76, 00, 30, 100, and 116	1 12	1 001,100	1 001,022	20,001	

Form 990 Cor	ірап	son (Page 2) SUMERSET ISD EDUCATION FOUNDATION		Prior Year	Current Year	Difference	%
	1	Grants and other assistance to domestic -					
		organizations and domestic governments	1	168,614	164,343	-4,271	-3%
	2	Grants and other assistance to domestic-	_				00/
		individuals	. 2	0	0	0	0%
	3	Grants and other assistance to foreign -					
		organizations, foreign governments, and		,	ا	0	0%
		foreign individuals	3	0	0	0	0%
		Benefits paid to or for members	4	<u> </u>	U	<u> </u>	0 70
	5	Compensation -	5	0		0	0%
	c	current officers, directors, trustees, and key employees Compensation -	-				0 70
	6	not included above, to disqualified persons					
		(as defined under sections 4958(f)(1) and (c)(3)(B))	6	0	\ 0	0	0%
	7	Other salaries and wages	7	Ō	0	. 0	0%
	8	Pension plan contributions (include 401(k) and 403(b))		- 0	0	0	0%
	9	Employee benefits		// 0	0	0	0%
		Payroll taxes	10	/ (0	0	0	0%
		Fees for services (non-employees):			7		
	а	Management	11a	0	0	0	0%
		Legal fees	11b	`_0	0	0	0%
Funct-		Accounting fees	11c	840	3,245	2,405	286%
ional		Lobbying	11d	0	0	0	0%
Expenses		Professional fundraising fees	11e	0	0	0	0% 0%
		Investment management fees	11f	0	0	0	0%
		Other	11g	508	669	161	32%
		Advertising and promotion	12	/////		961	64%
		Office expenses	13	1,497	2,458	~~	-89%
		Information technology	14	1,140	124	-1,016	
		Royalties	15	0	0	0	0%
	16	Occupancy	16	0	0	0	0%
		Travel	17	0	758	758	0%
	18	Payments of travel or entertainment expenses					
		for any federal, state, or local public officials	18	0	0	0	0%
:	19	Conferences, conventions, and meetings	19	0	0	0	0%
		Interest	20	0	0	0	0%
	21	Payments to affiliates	21	0	0	0	0%
		Depreciation, depletion, and amortization	22	0	0	0	0%
	23	Insurance	23	1,335	1,335	0	0%
	24	Other expenses not covered above:					
	а	BANK SERVICE CHARGE	24a	878	35	- 843	-96%
		CREDIT CARD FEES	24b	35	1,162	1,127	3220%
		OTHER COSTS	24c	338	228	-110	-33%
		OUTSIDE CONTRACT SERVICES	24d	0	449	449	0%
	e	NAMES AND ASSOCIATION OF THE PROPERTY OF THE P	24e	16,747	32,876	16,129	96%
	-	Total functional expenses (add lines 1 through 24e)	25	191,932	207,682	15,750	8%
		. State tall state and a separate of the separ				, , , , , , , , , , , , , , , , , , , ,	

Balance Sheets (end of year figures) % Difference Prior Year Current Year -5% 299,922 -17,2041 317,126 0% 0 0 2 0 0 0% 0 0 3 0 0% 0 0 4 Loans and other receivables from current and former officers, directors, trustees, key employees, or other 0 0% 0 **Assets** Loans and other receivables from other disqualified 0 0 0 0% 6 0 0% 0 0 7 0 0% 0 0 8 0 0 0% 9 0 **9** Prepaid expenses and deferred charges 0% 0 10 0 0 10 Land, buildings, and equipment, net of accum. dep. 184% 378,833 245,337 11 Investments - publicly-traded securities 11 133,496 0 0% 12 0 0 0 0% 0 0 13 0 0% 0 14 0 0% 0 0 0 15 228,133 51% 450,622 678,755 16 Total assets (add lines 1 through 15) 16 0% 0 0 17 0 17 Accounts payable and accrued expenses 0% 0 0 0 18 0 0% 0 0 19 0 0 0 0% 20 0 0 0 0% 21 Liabilities 22 Loans and other payables to current/former officers, directors, trustees, key employees, highest compensated 0% 0 22 0% 0 0 0 23 23 Secured mortgages and notes payable to unrelated 3rd parties. . 0 0% 0 0 24 0 0 0% 25 0 25 Other liabilities 0 0 0% 26 0 26 Total liabilities (add lines 17 through 25) Organizations that follow SFAS 117 (ASC 958): 27 Net assets without donor restrictions 27 219,459 552,741 333,282 152% 126,014 -105,149 -45% 28 231,163 28 Net assets with donor restrictions. . . . **Assets** or Organizations that do not follow SFAS 117 (ASC 958): 0% 0 29 Fund 29 Capital stock, trust principal, or current funds 0% 0 0 0 30 30 Paid-in or capital surplus, or land, building, and equipment fund . . . **Balances** 0 0% 0 0 31 Retained earnings, endowment, accum, income, or other funds. . . 31 51% 32 450,622 678,755 228,133 51% 33 Total liab and net assets/fund balances (add lines 26 and 32) . 33 450,622 678,755 228,133



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Α	For the	2023 ca	lendar year, or tax year				, and e	nding					
В	Check if a	pplicable:	C Name of organization	SOMERSET I	SD EDUCA	TION FOUND	ATION		D Employ	er identi	fication n	umber	
	Address c	hange	Doing business as										
		ŭ	Number and street (or P.	O. box if mail is not	delivered to s	treet address)	Room/suite		11-38415	32			
	Name cha	inge	P.O. BOX 34						E Telepho	one numb	er		
	Initial retu	rn	City or town			State	ZIP code		(000) 050	0050			
	iiiidai i ota		SOMERSET			TX	78069		(866) 852	-9000			
	Final return/	terminated	Foreign country name	Foreign	province/state	e/county	Foreign postal	code	1	. 1			
П	Amended	roturn	, araigir adamity mama	3		,	•		G Gross	eceipts \$	À.	4	20,148
=	Amenaea	rotarri								Ma	Vil.	ГП.,	V]
	Applicatio	n pending	F Name and address of pri	•				1 ' '	his a group retu	*		=	X No
			SUSIE POOL EXECU	ITIVE DIRECT	OR P. O. E	OX 34, SOM	IERSET, TX	H(b) Ar	e all s ubordir	ate s inclu	ıded?	Yes	No
	Taylayan	ant atatus:	X 501(c)(3) 501(c) ((insert no.)	4947(a)(1) or 527	If	"No," attach a	ist. See	instruction	าร	
	Tax-exen	·		C) ((msercho.)		761	<i>M</i>					
J	Website:	SIS	DEF.COM					H(c) Gr	oup exemption	n numbe	<u>r</u>		
ĸ	Form of o	organization	n: X Corporation	Trust Associa	ation C	ther	L Yea	ar of form	ation: 200	8 M	State of le	gal domicile:	TX
	art I												
نا			mmary		manat aigusi	ficant activitie	о тов	SOME	RSET ISC	EDIIC	'ATION	EOLINDA	TION'S
ø	1	Briefly d	escribe the organization	on's mission or	most signi	ncant activitie							110110
ĕ		MISSIO	N IS TO RAISE, MANA	AGE, AND DIS	IKIROJE	-UNDS FOR	SCHOLARS	HIPS F	IND OTHE	KEDU	CATIO	NAL	
Ē		PROGR	AMS FOR STUDENTS	S OF THE SON	MERSET IN	IDEPENDEN	IT SCHOOL	DISTR	IC1.				
Activities & Governance	2	Check t	his box I if the o	rganization dis	continued	its operations	or disposed	of mor	e than 25°	% of its	net asse	ets.	
ő	3		of voting members of							3	1		12
ઍ	1	Municipal	of independent voting	mambara of th	o governin	a body (Dort	\/I ling 1h\			4	 		12
Ś	4									5	 		0
ij	5		mber of individuals em										
≨	6		mber of volunteers (es							6			
ĕ	7a	Total un	related business rever	nue from Part V	'III, columri	(C), line 12 .	· · · · · ·			7a			0
	b	Net unre	elated business taxable	e income from I	orm 990-	T, Part I, line	11			7b			
						***			Prior Year			Current Yea	r
	8	Contribu	utions and grants (Part	VIII line 1h)					3	321,463		3	37,662
ĕ	١		n service revenue (Par						10000	C			0
Revenue	9							<u> </u>		2,995			5,552
è	10	investm	ent income (Part VIII, o	column (A), line	s 3, 4, and	(**u)		<u> </u>					
	11		evenue (Part VIII, colun							36,710			38,308
	12		enue—add lines 8 throu							<u>361,168</u>			81,522
	13	Grants a	and similar amounts pa	aid (Part IX, col	umn (A), lii	nes 1–3)				168,614		1	64,343
	14	Benefits	paid to or for member	s (Part IX, colu	mn (A), lin	e4)				C	/		0
s	1		, other compensation, en							C)		0
Expenses	16a		ional fundraising fees (C)		0
en	b		ndraising expenses (Pa				0				1		
꿃	47		- ,	A ACCUS. 1000.						23,318	+		43,339
1.1.4	1''		xpenses (Part IX, colur										207,682
	18		penses. Add lines 13-							191,932			
	19	Revenu	e less expenses, Subt	ract line 18 fror	n line 12 .	· · · · ·		ļ		169,236	4		73,840
Net Assets or	<u> </u>			1				Begin	ning of Curr		 	End of Yea	
sets	20	Total as	sets (Part X, line 16) .	1					4	150,622	-	6	78,755
AS	21	Total lia	bilities (Part X, line 26))						C)		0
S Se	22	Net ass	ets or fund balances. S	Subtract line 21	from line 2	20			4	150,622	2	6	78,755
	art II	****	nature Block										
Unc	er nenalti	es of periur	y, I declare that I have exami	ned this return, incl	uding accomp	anving schedule	s and statements	s, and to t	the best of m	/ knowled	lge		
and	belief. it i	s true, corre	et, and complete. Declaration	of preparer (other	than officer) i	s based on all inf	ormation of which	h prepare	er has any kn	owlegge,			
		1/	11100	011	,					2/1/0	X		
Si	gn		sture of officer	00/					Date	711			
He	ere	1		E DIDECTOR			EVE	CUTN	יב הוחבריז				
			SIE POOL EXECUTIV	E DIRECTOR			EXE	:CUTIV	E DIRECT	OR			
		Туре	or print name and title										
		Prin	t/Type preparer's name		Preparer's s	ignature /	THE STATE OF THE S	Da	te	0	X if	PTIN	
Pa	iid	,,,,,		T III O D A	11	m to cutati	will	_	14/2024	Self-em		P0083955	53
	eparer	, <u> </u>	LIAM F OVERSTREE		100			3	/1/2024	Sell-ell	pioyeu	L000383	
	e Only	1	n's name Wm F Ove	erstreet, III C.P	'.A.				Firm's EIN				
			n's address 2738 OAK	ISLAND DR L	OT 9, SAN	ANTONIO,	TX 78264		Phone no.	210	-275-96	09	
1/10	w tho IE		ss this return with the p					-				X Yes	No
IVIC	sy uir⊏ ir	vo uisvus	o ano retam with tile p	TOPATOL SHOWIL	AND AC: O	, , , , , , , , , , , , , , , , , , , ,	·				· · L		

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	90 (2023) SOMERSET ISD EDUCATION FOUNDATION 11-3841532	Page 2
Par	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: THE SOMERSET ISD EDUCATION FOUNDATION'S MISSION IS TO RAISE, MANAGE, AND DISTRIBUTE FUNDS FOR SCHOLARSHIPS AND OTHER EDUCATIONAL PROGRAMS FOR STUDENTS OF THE SOMERSET INDEPENDEN SCHOOL DISTRICT.	JT
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	es X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	by ers,
4a	(Code:) (Expenses \$ 111,343 including grants of \$ 111,343) (Revenue \$ GRANTS AND AWARDS GRANTED TO TEACHERS IN THE SOMERSET INDEPENDENT SCHOOL DISTRICT. AWARD TO ANCILLARY EMPLOYEES IN THE SOMERSET INDEPENDENT SCHOOL DISTRICT. AWARDS GRANTED FOR ST AND STAFF ATTENDANCE INCENTIVES.))S GRANTEI UDENTS
4b	(Code:) (Expenses \$ 53,000 including grants of \$ 53,000) (Revenue \$ STUDENT SUPPORT PROGRAM FOR STUDENTS IN THE SOMERSET INDEPENDENT SCHOOL DISTRICT: ACTIVIT INCLUDE \$53,000 OF STUDENT SCHOLARSHIPS.	(ES
4c	(Code:) (Expenses \$ 18,120 including grants of \$ 18,120) (Revenue \$ PROGRAM EVENTS FOR THE SOMERSET INDEPENDENT SCHOOL DISTRICT WHICH ARE SCHOOL YEAR KICK-O ACADEMIC BANQUETS, AND SCHOOL YEAR ACTIVITY SUPPORT) FF EVENT,

4d Other program services (Describe on Schedule O.)

(Expenses \$ 0 including grants of \$

0)(Revenue \$

0)

Part	V Checklist of Required Schedules	<u>1</u>		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а		١		
	Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
С		44-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d		114		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	ļ 	 ^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			 ^
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		Х
_	Schedule D, Parts XI and XII	120		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12b		X
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	The state of the s	1-14		 ^``
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		ļ	
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
. •	If "Yes," complete Schedule G, Part III.	19		X
20a	- C.	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	demostic gavernment on Port IV, column /A) line 12 If "Von " complete Schodule I, Porte I and II	21		l v

Pari	Checklist of Required Schedules (continued)		T	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the		.	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			l
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			i
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1.	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	the many the many transfer with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	rt 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		1	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	┥		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
·	reportable gaming (gambling) winnings to prize winners?	1c		

Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		X
	required to file Form 8282?	7c	 	 ^-
d	II 103, Illaloato tilo litaribol oli olino ozoz mos saming mi jene	7e		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, and the organization file 1 orm 3039 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h	 	
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organization have excess business holdings at any time during the year?	8		
٥	Sponsoring organization have excess business nothings at any time garing the years		<u> </u>	1
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	_
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	┨		
С	Enter the amount of reserves on hand	111	1	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	7	+^-
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year?	13	+	+^
	If "Yes," see the instructions and file Form 4720, Schedule N.	1.0		-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	-	
	If "Yes," complete Form 6069.			

Form 990 (2023) Part VI

11-3841532 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u>Sect</u>	ion A. Governing Body and Management		Yes	No
	12		res	110
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	_X	-
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Χ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	501(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy,		
	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			
	ROY BROWN (210) 415-5118			
	19484 SOMERSET RD, SOMERSET, TX 78069			

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor an		ation	con	nper	ısat	ed an	у сі	urrent officer, dir	ector, or trustee	•
(A) Name and title	(B) Average	(do r	not ch	Posi eck i	tion more	than o	ne	(D) Reportable	(E) Reportable	(F) Estimated amount
ivame and due	hours per week (list any hours for related organizations below dotted line)	office	er an	dadi	Key employee	r/truste	e Former	compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	of other compensation from the organization and related organizations
	4	1	- (0	46		ted				
(1) SUSIE POOL EXECUTIVE DIRECTOR	20.00 0.00	X	>	Х						
(2) MARK HODGES BOARD MEMBER	(1.00 0.00	V0008		X						
(3) ROY BROWN VP FINANCE	5.00		<u> </u>	X						
(4) DR. SAUL HINOJOSA	1.00			X						
BOARD MEMBER (5) FRANK PRUSKI BOARD MEMBER	1.00	1		X						
(6) BRAD BALDERRAMA	1.00			X						
BOARD MEMBER (7) MICHELLE VILLANUEVA	5.00			×						
VP MARKETING/EVENTS (8) DR. RAMIRO NAVA	1.00			X						
BOARD MEMBER (9) REV. JANNA HAWES	0.00									
BOARD MEMBER (10) DON GREEN	0.00 1.00			X	<u> </u>				7.10.437	
TRUSTEE/MEMBER (11) LYDIA HERNANDEZ	0.00 1.00			Х						
NOMINATION/GOVERNANCE (12) DR. JOSE H MORENO	0.00 1.00			X						
SECRETARY (13)	0.00		<u> </u>	X				-		
(14)		-						-		

Pa	rt VI Section A. Officers, Directors, Tru	ıstees, Key ⊑ m∣	ploye	es,	and	HI	gnes	tuc	ompensated En	pioyees (co	HILITIC	ieu)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	s pe	ition more rson irecto	than of is both or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensatic from relatec organizations (' 1099-MISC 1099-NEC'	on d W-2/	Estima of comp fro organi	(F) ted amou f other pensation om the ization an	d
(15)												· · · · · · · · · · · · · · · · · · ·		
(16)										\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
(17)														
(18)														
(19)									Sa.					
						.018			7)					
					, ,							į		
														<u></u>
		4												
(23)														
(24)														
(25)														
1b	Subtotal								0		0			0
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	Visito.							0		0			0
2	Total number of individuals (including but not li	mited to those lis						ived	d more than \$100	0,000 of				0
•	reportable compensation from the organization										Pire.		Yes	No.
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete School											3		Х
4	For any individual listed on line 1a, is the sum the organization and related organizations great	of reportable cor	mpen 00? <i>I</i>	satio	on a es, "	nd <i>con</i>	other nplet	cor e Sa	mpensation from chedule J for suc			4		X
5	Did any person listed on line 1a receive or acci	rue compensatio	n fro	m a	ny ι	ınre	lated	org	anization or indi					
Sec	for services rendered to the organization? If "Y tion B. Independent Contractors	es," complete S	cneai	uie .	J TOI	suc	on pe	rsoi	<u>n </u>		•	5		X
1	Complete this table for your five highest compecompensation from the organization. Report co	ensated indepen	dent	con	trac	tors	that	rece	eived more than	\$100,000 of	on's	tax ve	ar	
Paris	(A)		uic c	alci	iuai	усс	ai Oik	I	(B) Description of se			(C))	
	Name and business add	11 000							Description of Se			20.11PO11		0
														0
	4	- Marie						╁						0
								1						С
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ted to	o tho	ose	liste	ed ab) who received					

Part VIII Statement of Revenue

211		Check if Schedule O contains a response or r	note to any line in	this Part VIII			🖳
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	4-	Federated campaigns	0				000000000000000000000000000000000000000
Contributions, Gifts, Grants and Other Similar Amounts	1a	Todoratou outriputgita / T.	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
Am (۲ C	Related organizations	0				
ᄩ	d	Government grants (contributions) 1e	0			,á.	
E, S,	e	All other contributions, gifts, grants, and					
io i	Ť	similar amounts not included above 1f	337,662		4		
the part			007,002				
<u> </u>	g	Noncash contributions included in lines 1a–1f	\$ 0				
a S	L	Total. Add lines 1a–1f	· -	337,662	4		
	h	Total. Add lines 1a-11	Business Code	001,002			
e l	2a			0	7		
흥 .	b			0			
gram Ser Revenue	C			0			
E E	d			0 .0			
Re	и Д			// 0	>		
Program Service Revenue	f	All other program service revenue		0			
۵		Total. Add lines 2a–2f		0	- J		
	3	Investment income (including dividends, interest					
	•	other similar amounts)		3,294	3,294		
	4	Income from investment of tax-exempt bond pro-	ceeds 🌣 🛴	0			
	5	Royalties	// . ^{**}	0			
		(i) Real	(ii) P e rsonal				
	6a	Gross rents 6a	``\\identification \\identification \\id				
	b	Less: rental expenses . 6b		_			
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)	<u> </u>	0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
_		other than inventory 7a 2,258	0				
Revenue	b	Less: cost or other basis					
Ver		and sales expenses 7b 0	0	-1			
Re	С	Gain or (loss)	0				
ē	d	Net gain or (loss)	<u> </u>	2,258			
Other	8a	Stock mooning man and and					
		events (not including \$ 0 of contributions reported on line 1c).					
			76,934				
	h	See Part IV, line 18	38,626	1			
	C	Net income or (loss) from fundraising events.		38,308			38,308
		Gross income from gaming activities.					
	Ju	See Part IV, line 19 9a	0				
	b	Less: direct expenses 9b	0	4			
		Net income or (loss) from gaming activities.		0			
		Gross sales of inventory, less					
	100	returns and allowances 10a	0				
	b	Less: cost of goods sold 10b	 				
	c	Net income or (loss) from sales of inventory	I	C			
S			Business Code				
Miscellaneous Revenue	11a			C)		
scellaneo Revenue	b			C			
eve	С			C			
isc R	d	All other revenue		<u> </u>			
Σ	e	Total. Add lines 11a-11d		C			
	12	Total revenue See instructions		381 522	3 294	11 () 38.308

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							
	not include amounts reported on lines 6b, 7b, 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	164,343	164,343				
2	Grants and other assistance to domestic						
A	individuals. See Part IV, line 22	0					
3	Grants and other assistance to foreign	<u> </u>					
3	-			***			
	organizations, foreign governments, and foreign	0					
	individuals. See Part IV, lines 15 and 16	0					
4	Benefits paid to or for members	U					
5	Compensation of current officers, directors,		4	0			
	trustees, and key employees	0		· V			
6	Compensation not included above to disqualified			A W			
	persons (as defined under section 4958(f)(1)) and			j			
	persons described in section 4958(c)(3)(B)	0	<u> </u>	7			
7	Other salaries and wages	0					
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	0					
9	Other employee benefits	0	<u></u>				
10	Payroll taxes	.0					
11	Fees for services (nonemployees):	₩					
а	Management	0					
b	Legal	, © , ~ , ~ , ŏ					
С	Accounting	3,245		3,245			
d	Lobbying	<i>/</i> ₹ /⁄⁄ >> 0					
е	Professional fundraising services. See Part IV, line 17	0					
f	Investment management fees	0					
g	Other. (If line 11g amount exceeds 10% of line 25, column						
9	(A)	0		ol			
12	(A), amount, list line 11g expenses on Schedule U.)	669		669			
13	Office expenses	2,458		2,458			
14	Information technology	124		124	11.10.11.11.11.11.11.11.11.11.11.11.11.1		
15	Royalties	0					
16	Occupancy	0					
17	100	758		758			
	Travel	700		, 00	111111111111111111111111111111111111111		
18		0					
40	for any federal, state, or local public officials	0			1.31		
19 20	Conferences, conventions, and meetings	0					
20	Interest	0					
21	Payments to affiliates	0		0	0		
22	Depreciation, depletion, and amortization	1,335		1,335	U		
23	Insurance	1,335		1,330			
24	Other expenses. Itemize expenses not covered]			
	above. (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A), amount, list line 24e expenses on Schedule O.)			0.5			
a	BANK SERVICE CHARGE	35		35			
b	CREDIT CARD FEES	1,162		1,162			
С	OTHER COSTS	228		228			
d	OUTSIDE CONTRACT SERVICES	449		449			
е	All other expenses	32,876					
25	Total functional expenses. Add lines 1 through 24e	207,682	182,463	25,219	0		
26	Joint costs. Complete this line only if the						
	organization reported in column (B) joint costs						
	from a combined educational campaign and						
	fundraising solicitation. Check here if						
	following SOP 98-2 (ASC 958-720)						

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	317,126	1	299,922
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	.0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.0	6	
Assets	7	Notes and loans receivable, net	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7	0
SS	8	Inventories for sale or use	0	8	
⋖	9	Prepaid expenses and deferred charges	<i>(</i>	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			_
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	133,496	11	378,833
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Other assets. See Part IV, line 11	450,622	16	678,755
	17	Total assets. Add lines 1 through 15 (must equal line 33)	0	17	
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0		
Ĩ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
Ś		Organizations that follow FASB ASC 958, check here X			
ဦ		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	219,459	27	552,741
m	28	Net assets with donor restrictions	231,163	28	126,014
nd		Organizations that do not follow FASB ASC 958, check here			
교		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	0
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0		0
S S(31	Retained earnings, endowment, accumulated income, or other funds	0		0
ťΑ	32	Total net assets or fund balances	450,622	 	678,755
<u>8</u>	33	Total liabilities and net assets/fund balances	450,622		678,755
			<u> </u>		Form 990 (2023)

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Form 990 (2023)	SOMERSET	ISD E	DUC.	ATION	FOUN	DATION
			-			

Part .	XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	丄
1	Total revenue (must equal Part VIII, column (A), line 12)		381,	
2	Total expenses (must equal Part IX, column (A), line 25)		207,6	
3	Revenue less expenses. Subtract line 2 from line 1		173,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		450,6	<u> 622</u>
5	Net unrealized gains (losses) on investments		43,8	830
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		10,	<u>463</u>
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))		678,	/55
Part :	XII Financial Statements and Reporting			\neg
	Check if Schedule O contains a response or note to any line in this Part XII.		·	
***************************************			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.		-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.		İ	
	Separate basis Consolidated basis Both consolidated and separate basis		Į	
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?.	3a		Χ
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 on Schedule O and describe any steps taken to undergo such audits	3b	222	
		Form	990 (2	2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

ON	1ER	SET ISD EDUCATION FOUNDA	TION				11-382	11532
Pai	τl	Reason for Public Chari	ty Status. (All org					
he	orga	anization is not a private foundati	on because it is: (Fo	or lines 1 through 12, o	heck only	one box.))	
1		A church, convention of church				170(b)(1)(A)(i).	
2		A school described in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)			
3		A hospital or a cooperative hos	pital service organiz	ation described in sec t	tion 170(k)(1)(A)(iii).	
4		A medical research organization hospital's name, city, and state:		nction with a hospital d	escribed i	n section	170(b)(1)(A)(iii). En	ter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Com	e benefit of a college	e or university owned	or operate	d by a gov	vernmental unit desc	ribed in
6		A federal, state, or local govern	ment or governmen	tal unit described in se	ction 170	(b)(1)(A)(v).	
7	Χ	An organization that normally redescribed in section 170(b)(1)(eceives a substantia (A)(vi). (Complete P	al part of its support fro Part II.)	m a gover	nmental u	init or from the gener	al public
8		A community trust described in			l.)			
9		An agricultural research organia or university or a non-land-gran university:	zation described in s	section 170(b)(1)(A)(ix) operated	in conjur name, city	nction with a land-gra , and state of the col	int college lege or
10		An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns, subject to certain e ed business taxable inc	xceptions come (les	; and (2) r s section (no more than 33 1/3% 511 tax) from busine:	% of its
11		An organization organized and	operated exclusively	y to test for public safe	ty. See se	ction 509	9(a)(4).	
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	operated exclusively	y for the benefit of, to private in section 509(a	perform th	e function	s of, or to carry out t a)(2). See section 5	09(a)(3).
a	ì	Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to reguinglete Part IV, Sect	larly appoint or elect a tions A and B.	majority o	of the dired	ctors or trustees of th	e supporting
k)	Type II. A supporting organic control or management of the organization(s). You must o	ie supporting organi	zation vested in the sa	on with its me perso	supporte ns that co	d organization(s), by ntrol or manage the	having supported
c	;	Type III functionally integrates its supported organization(s	ated. A supporting of	rganization operated i	n connect Part IV, Se	ion with, a	and functionally integ , D, and E .	rated with,
C	i	Type III non-functionally ir that is not functionally integr requirement (see instruction	ntegrated. A support ated. The organizat	ting organization opera ion generally must sati	ated in cor sfy a distr	nnection w ibution red	vith its supported org quirement and an att	anization(s) entiveness
€	;	Check this box if the organize functionally integrated, or T	zation received a wri	itten determination fror	n the IRS	that it is a	Type I, Type II, Typ	e III
f		Enter the number of supported	organizations					0
		Provide the following information	n about the support	ed organization(s). (iii) Type of organization	fiv) le the (organization	(v) Amount of monetary	(vi) Amount of
	(1)	Name of supported organization) (II) EIN	(described on lines 1–10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
A)								
B)	***							
C)								
D)								
E)								
						 		^

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	106,652	469,915	302,031	321,463	337,662	1,537,723
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the						0
	organization without charge	400.050	400.045	302,031	321,463	337,662	1,537,723
5	Total. Add lines 1 through 3	106,652	469,915	302,031	3213403	337,002	1,001,720
	line 1 that exceeds 2% of the amount			A			
_	shown on line 11, column (f)						1,537,723
6	Public support. Subtract line 5 from line 4	;					1,007,120
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		106,652	469,915	V7000. V200A	321,463	337,662	1,537,723
7 8	Amounts from line 4	100,002	400,0	02,00		,	
	rents, royalties, and income from similar sources	1,428	1,722	924	1,136	3,294	8,504
^	Net income from unrelated business	1,420	1,122	324	1,100	3,201	
9	activities, whether or not the business is regularly carried on	*					0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,846	2,868	6,274	5,000	6,514	25,502
11	Total support. Add lines 7 through 10		>				1,571,729
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here	anization's first, sec			a section 501(c)(3)		
Sec	ction C. Computation of Public Su	V. 2000				1 44	97.84%
14	Public support percentage for 2023 (line 6, c					15	97.21%
15	Public support percentage from 2022 Sched					L	37.2170
16a	33 1/3% support test—2023. If the organizand stop here. The organization qualifies a	ation did not check	the box on line 13	3, and line 14 is 33	1/3% or more, che	ICK THIS DOX	X
	33 1/3% support test—2022. If the organiz	es as a publicly su	oported organization	on			
17a	7a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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—2022 15 is 10% or more, and if the organization m in Part VI how the organization meets the fa organization.	neets the facts-and cts-and-circumstar	-circumstances tes nces test. The orga	st, check this box a inization qualifies a	nd stop here . Exp as a publicly suppor	lain rted	
18	Private foundation. If the organization did 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						0
	received. (Do not include any "unusual grants.")	410					0
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					<u> </u>	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				4 5.4		0
4	Tax revenues levied for the						
	organization's benefit and either paid to		:		63		
	or expended on its behalf						0
5	The value of services or facilities				// *		
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3			, m			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		4				0
С	Add lines 7a and 7b	0	[⋄] 0	0	0	0	0
8	Public support (Subtract line 7c from		<i>A</i> 7 .				
	line 6.)						0
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	₩					
	payments received on securities loans, rents,	-					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4 4.					
	section 511 taxes) from businesses		b)				
	acquired after June 30, 1975		· · · · · · · · · · · · · · · · · · ·				0
С	Add lines 10a and 10b	Ø \ > 40	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether			1			
	or not the business is regularly carried on.						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0			0
14	First 5 years. If the Form 990 is for the organization						
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su					F	
15	Public support percentage for 2023 (line 8,	column (f), divided	by line 13, column	(f))		15	0.00%
16	Public support percentage from 2022 Scheo			<u> </u>		16	0.00%
Sec	ction D. Computation of Investme					T-,_ I	0.000
17	Investment income percentage for 2023 (lin					17	0.00%
18	Investment income percentage from 2022 S					18	0.00%
19a	33 1/3% support tests—2023. If the organ	ization did not che	ck the box on line	14, and line 15 is n	nore than 33 1/3%,	and line 17 is	Г—
_	not more than 33 1/3%, check this box and						
b	33 1/3% support tests—2022. If the organ						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	not check a box on	ı iine 14, 19a, or 19	ob, check this box	and see instruction	8	<u>L</u>

Part IV Supporting Organizations

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

	Sections A, D, and E. II you checked box 12d, Part I, complete Sections A and D, and complete		/	
Sect	ion A. All Supporting Organizations		V	NI.
			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	1		
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
/la	Was any supported organization not organized in the United States ("foreign supported organization")? If			
74	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
D	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		
^	Did the organization support any foreign supported organization that does not have an IRS determination			
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	Į		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
F-	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
5a	answer lines 5b and 5c 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		
		- 54		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
	designated in the organization's organizing document?	5c	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30	-	-
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	6		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	-	-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part I of Sch edule L (Form 990).	8	ļ	<u> </u>
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 on 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	 	<u> </u>
С	Did a disqualified person (as defined on 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.	9с	<u> </u>	<u> </u>

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

10a

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	l.,		
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			ĺ
	detail in Part VI.	11c		L
Section	on B. Type I Supporting Organizations		Yes	No
			162	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	1		
	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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•		-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
	supervised, or controlled the supporting organization.	2		
Sacti	on C. Type II Supporting Organizations	<u> </u>	<u> </u>	1
Section	on C. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	1	Ì
Section	on D. All Type III Supporting Organizations	l		
Ocour	on B. 7th Type in eapperting enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	:		
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard	3		<u></u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ıctior	ıs).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruc	tions).	
·				LNI
2	Activities Test. Answer lines 2a and 2b below.		Yes	No.
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1		
_	that these activities constituted substantially all of its activities.	2a		+
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	l		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	21.		
_	these activities but for the organization's involvement.	2b	 	+
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		1
	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i> .	3a	-	+
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	่าวถ		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (explain i	n Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zatio	ons must complete Sections	
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		0
4 Add lines 1 through 3.	4	0	<u>U</u>
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of		a. 152- N	
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	0	0
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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		A. Walley
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors	100		
(explain in detail in Part VI):	14		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functionally	y inte	egrated Type III supporting	organization (see

Type III Non-Functionally Integrated 509(a)(3)) Supporting Organi	zations (continued)	
n D - Distributions			Current Year
Amounts paid to supported organizations to accomplish exe	empt purposes	1	
	ot purposes of supported		
organizations, in excess of income from activity		2	
Administrative expenses paid to accomplish exempt purpos	es of supported organiza	400110	
	provide details in Part Vi	/	
		V935	0
	he organization is respor		
		1995.5	0
			0.000
Line 8 amount divided by line 9 amount			(iii)
ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
Distributable amount for 2023 from Section C, line 6			0
Underdistributions, if any, for years prior to 2023			
(reasonable cause required—explain in Part VI). See			
instructions.		<u> </u>	
Excess distributions carryover, if any, to 2023			
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	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemy organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpos Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—fother distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions. Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations to activity administrative expenses paid to accomplish exempt purposes of supported organizations purposes. Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributable details in Part VI). See instructions Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount details in Part VI). See instructions Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount details in Part VI). See instructions Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount prior 2013	Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI), See instructions. 6 Total annual distributions, Add lines 1 through 6. Total annual distributions, Add lines 1 through 6. Total annual distributions, Add lines 1 through 6. Total annual distributions (provide details in Part VI), See instructions. Bistributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount Cection E - Distribution Allocations (see instructions) Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI), See instructions pre 2023 Excess distributions carryover, if any, to 2023 From 2019. 0 From 2020. 0 From 2021. 0 From 2021. 0 From 2022. 0 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Applied to 2023 distributable amo

Schedule A (F	Form 990) 2023	SOMERSET ISD EDU	JCATION FOUNDATION	11-3841532	Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2;	formation. Provide the exp /, Section A, lines 1, 2, 3b, 3 Part IV, Section C, line 1; Part IV, Section C, line 1;	olanations required by Part II, line 10; P 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, art IV, Section D, lines 2 and 3; Part IV line 1e; Part V, Section D, lines 5, 6, a	and 11c; Part IV, Section	
	lines 2, 5, and 6.	Also complete this part for a	any additional information. (See instruc	ctions.)	
Part II Sec	tion B Line LN 10 D	ESCRIPTION: UNUSED TE	EACHER INNOVATION GRANTS 201	9: 3851.	
2021: 112	/ DESCRIPTION:U	NUSED SCHOLARSHIP GF	RANTS 2021: 4412. 2023: 1217	A	
DESCRIP'	TION:MISCELLANE	OUS 2019: 995. 2020: 286	88. 2021:1750. 2022: 5000. 2023: 5297		
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# Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

2023

Department of the Treasury

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.

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

2023

**Employer identification number** 

11-3841532 SOMERSET ISD EDUCATION FOUNDATION Organization type (check one): Filers of: Section: ) (enter number) organization 501(c)( Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule, Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

Name of organization
SOMERSET ISD EDUCATION FOUNDATION

Employer identification number 11-3841532

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total Continuutions	1300 01 00111110011011
,	Area Social Services in Somerset Texas		Person X
11			Payroll
	4332 SMITH RD.		
	Von Ormy TX 78073	\$ 190,000	Noncash
	Foreign State or Province:		(Complete Part II for
	Foreign Country:		noncash contributions.)
			(4)
(a)	(b)	(c)	(a)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person X
2	Biglari Foundation		
	17802 IH 10 WEST, SUITE 400		Payroll
	SAN ANTONIO TX 78257	\$ 20,000	Noncash
	Foreign State or Province:		(Complete Part II for
	Foreign Country:		noncash contributions.)
			(d)
(a)	(b)	(c) Total contributions	Type of contribution
No.	Name, address, and ZIP + 4	Total continuutions	Type of continuent
3	The Kathy & David Kelleher Fund		Person X
	OAE DAOEO ENOINAL		Payroll
		\$ 20,000	Noncash
	SAN ANTONIO TX 78212	Ψ20,000	
	Foreign State or Province:		(Complete Part II for noncash contributions.)
	Foreign Country:	<b>*</b>	Tionousin continuations.
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Type of contribution
			Type of contribution  Person X
No.	Name, address, and ZIP + 4		Type of contribution
No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD		Type of contribution  Person X
No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212	Total contributions	Type of contribution  Person X  Payroll
No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province:	Total contributions	Type of contribution  Person X  Payroll   Noncash
No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212	Total contributions	Type of contribution  Person X  Payroll
No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:	\$ 10,000	Type of contribution  Person X Payroll
No. 4	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:	Total contributions  \$10,000_	Type of contribution  Person X  Payroll
(a) No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4	\$ 10,000	Type of contribution  Person X Payroll
No4(a)	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION	\$ 10,000	Type of contribution  Person X Payroll
(a) No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301	\$ 10,000 (c) Total contributions	Type of contribution  Person X Payroll
(a) No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301  SAN ANTONIO TX 78216	\$ 10,000	Type of contribution  Person X Payroll
(a) No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301  SAN ANTONIO TX 78216  Foreign State or Province:	\$ 10,000 (c) Total contributions	Type of contribution  Person X Payroll
(a) No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301  SAN ANTONIO TX 78216	\$ 10,000 (c) Total contributions	Type of contribution  Person X Payroll
(a) No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301  SAN ANTONIO TX 78216  Foreign State or Province: Foreign Country:	\$ 10,000  Total contributions  (c) Total contributions	Person X Payroll
(a) No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301  SAN ANTONIO TX 78216  Foreign State or Province: Foreign Country:  (b)	\$ 10,000 (c) Total contributions	Type of contribution  Person X Payroll
(a) No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301  SAN ANTONIO TX 78216  Foreign State or Province: Foreign Country:	\$ 10,000  Total contributions  (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301  SAN ANTONIO TX 78216  Foreign State or Province: Foreign Country:  (b)	\$ 10,000  Total contributions  (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)  Person X Payroll Noncash (d) Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 5	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301  SAN ANTONIO TX 78216  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4	\$ 10,000  Total contributions  (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. 5	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301  SAN ANTONIO TX 78216  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  HEB TOURNAMENT OF CHAMPIONS  646 S FLORES STREET	\$ 10,000  Total contributions  (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contribution)  Person X Payroll V Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contributions.)
(a) No. 5	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301  SAN ANTONIO TX 78216  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  HEB TOURNAMENT OF CHAMPIONS  646 S FLORES STREET  SAN ANTONIO TX 78204	\$ 10,000  (c) Total contributions  \$ (c) Total contributions	Type of contribution  Person X Payroll
(a) No. 5	Name, address, and ZIP + 4  JOHN & AMY HAYES  138 E. HOLLYWOOD  SAN ANTONIO TX 78212  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  SAN ANTONIO AREA FOUNDATION  155 CONCORD PLAZA DR SUITE 301  SAN ANTONIO TX 78216  Foreign State or Province: Foreign Country:  (b)  Name, address, and ZIP + 4  HEB TOURNAMENT OF CHAMPIONS  646 S FLORES STREET	\$ 10,000  (c) Total contributions  \$ (c) Total contributions	Type of contribution  Person X Payroll

Name of organization
SOMERSET ISD EDUCATION FOUNDATION

Employer identification number 11-3841532

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

raiti	Contributors (ace matructions). God duplicate copie		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	E3 ENTEGRAL SOLUTIONS  2040 HIGHLAND VILLAGE RD. SUITE 100  HIGHLAND VILLAGE TX 75077  Foreign State or Province:  Foreign Country:	\$ 8,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NUNNELLY GENERAL CONTRACTORS 2922 N PAN AM EXPRESSWAY SAN ANTONIO TX 78208 Foreign State or Province: Foreign Country:	\$ 5,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KURZ PROPERTIES 7 CHANPIONS COURT TRAIL HOUSTON TX 77069 Foreign State or Province: Foreign Country:	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MR. PALMER L MOE  319 GRANITE SHOALS LN  SUNRISE BEACH TX 78643  Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	DAN DIEPENHORST 21502 PRIVADA AVILA SAN ANTONIO TX 78257 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	LINEBARGER GOGGAN BLAIR & SAMPSON LLP 2915 W BITTERS RD 400 SAN ANTONIO TX 78248 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll

Name of organization SOMERSET ISD EDUCATION FOUNDATION

Employer identification number 11-3841532

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

lame of org	anization T ISD EDUCATION FOUNDATION			Employer identification number 11-3841532
Part III	Exclusively religious, charitable, etc., cor (10) that total more than \$1,000 for the ye the following line entry. For organizations oc contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additionals	ar from any o empleting Part (Enter this info	ne contributor. Complete co III, enter the total of exclusive ormation once. See instructio	section 501(c)(7), (8), or slumns (a) through (e) and sely religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift			(d) Description of how gift is held
	Transferee's name, address, and Z		ransfer of gift  Relationship o	f transferor to transferee
	For. Prov. Country			~
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and Z	IP + 4	Relationship o	f transferor to transferee
	For, Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z		ransfer of gift	of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferee's name, address, and 2	ZIP + 4	Relationship	of transferor to transferee
	For. Prov. Country			

#### **SCHEDULE G** (Form 990)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

11-3841532 SOMERSET ISD EDUCATION FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations а Solicitation of government grants f Internet and email solicitations b Special fundraising events Phone solicitations C In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (iv) Gross receipts (or retained by) fundraiser listed in (i) Name and address of individual (or retained by) custody or control of (ii) Activity from activity or entity (fundraiser) contributions? organization col. (i) Yes No 1 0 0 0 0 0 0 3 0 0 0 0 0 0 0 0 6 0 0 0 0 0 0 8 0 0 9 0 0 10 0 0 0 0 0 Total 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.

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. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add col. (a) through **3OLF TOURNAMEN CASINO NIGHT** col. (c)) (total number) (event type) (event type) Revenue 76,934 23,697 23.930 29,307 Gross receipts . . . . Less: Contributions . . . Gross income (line 1 23.697 76,934 23,930 29,307 minus line 2) . . . . . . 9,865 1,685 2.832 5,348 Cash prizes . . . . . Noncash prizes . . . . . Direct Expenses 5,476 10,951 2,100 3,375 Rent/facility costs . . . . 7,169 522 3,599 3.048 Food and beverages . . . 350 Entertainment . . . . . 4,249 10,291 3,912 2,130 Other direct expenses . . 38,626) Direct expense summary. Add lines 4 through 9 in column (d). Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo 0 Gross revenue. 0 Direct Expenses 2 Cash prizes . . . . . 0 Noncash prizes . . . . Rent/facility costs . . . . Other direct expenses. Yes Yes No No Volunteer labor . . . 0) Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? . . . . . . . . . . . . . . If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . If "Yes," explain:

Schedu	ule G (Form 990) 2023 SOMERSET ISD EDUCATION FOUNDATION	11-38415	32 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Ye	s 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?	, ,Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	<u>%</u>
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:	nu	
	Name	<u> </u>	
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
150	revenue?	Ye	s No
b	If "Yes," enter the amount of gaming revenue received by the organization \$0 and the		
	amount of gaming revenue retained by the third party \$0		
С	If "Yes," enter name and address of the third party:		
	Name		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$ 0		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ <b>v</b> ,	ne 🗆 No
h	retain the state gaming license?	or	35 140
D	spent in the organization's own exempt activities during the tax year \$		0
Pari	Supplemental Information, Provide the explanations required by Part I, line 2b, column	ns (iii) and (v	); and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	al information	n.
	See instructions.		
		_ ~ ~ ~ - ~	

# SCHEDULEI (Form 990)

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

Complete if the organization answered "Yes" on

Attach to Form 990.

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	990, Part IV, line 21 or 22.
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2023

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury		Go to	Go to www.irs.gov/Form990 for the latest information.	or the latest informati	on.		Inspection
Name of the organization						Employer identification number	cation number
SOMERSET ISD EDUCATION FOUNDATION	ION FOUNDATION				and the second s		11-3841532
Part I General Info	General Information on Grants and Assista	and Assistance					Adolestini
1 Does the organizatio the selection criteria 2 Describe in Part IV the	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?	ibstantiate the amous or assistance?	int of the grants or assitute or use in the use of grant funds in	stance, the grantees' en the United States.	eligibility for the grants o	rassistance, and	Yes No
art 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.	Domestic Organient that received	nizations and Dommore than \$5,000. F	estic Government	s. Complete if the org	ganization answered	d "Yes" on Form
1 (a) Name and address of organization or government	nization (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
(1)	1 1 1 1 1					STATE OF THE PROPERTY OF THE P	and the same of th
(2)		-				a decidence of the second of t	and the state of t
(3)	1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					1000	
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(6)					A CONTRACTOR OF THE CONTRACTOR		1.00
(10)						The second secon	
(11)							
(12)							
2 Enter total number of Enter total number of	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table.	government organiza ted in the line 1 table	ations listed in the line	1 table			
r Pa	Act Notice, see the Instru	actions for Form 990	-:			í	Schedule I (Form 990) 2
₽⊥Ħ							

Schedule I (Form 990) 2023

Page 2

Schedule I (Form 990) 2023

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 Part III

	rail III cail de duplicateu II additional space 13 needed	שמשמב וש וובבתבו	•			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	A A A A A A A A A A A A A A A A A A A
TEACH	TEACHER GRANTS AND AWARDS					7
_		53	36,682			
STUDE	STUDENT SCHOLARSHIPS					
2		41	53,000			
SCHOC	SCHOOL BOARD AWARDS AND GRANTS					
က		10	200			
CORPC	CORPORATE SPONSORED AWARDS AND					
4 GRANTS	LS	87	74,161			And Address of the Control of the Co
2						and delivery the second
9						
	The second secon	And Andrews of the Control of the Co	A STATE OF THE STA			
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	the information	required in Part I, line	2; Part III, column	(b); and any other addit	tional information.

PROGRAMS. THESE AMOUNTS ARE DETERMINED AND LISTED WITHIN THE AND BUDGET THAT GETS APPROVED BY THE BOARD. GRANT APPLICATIONS ARE SENT DETERMINED BY THE BOARD MEMBERS WHEN THE FOUNDATION WAS ESTABLISHED. BOTH ARE THOROUGHLY REVIEWED BY A SELECTION COMMITTEE MADE UP OF BOARD MEMBERS, STAFF AND COMMUNITY MEMBERS. THE NUMBER OF RECIPIENTS IS CONTINGENT ON THE AMOUNT OF FUNDS WHICH HAVE BEEN DISIGNATED FOR AN OPPORTUNITY TO APPLY. THE GRANT AND SCHOLARSHIP APPLICATIONS BOTH HAVE GUIDELINES AND A PROCESS THAT HAS BEEN IN PLACE AND WAS OUT VIA EMAIL TO ALL SOMERSET ISD STAFF FO AN OPPORTUNITY TO APPLY. SCHOLARSHIP APPLICATIONS ARE MAILED OUT TO ALL SOMERSET ISD SENIORS Part III ON AN ANNUAL BASIS, THE BOARD OF DIRECTORS DETERMINES AND APPROVES THE AMOUNT OF FUNDS THAT WILL BE DISIGNATED TOWARDS THESE NOTIFIED AT THE ANNUAL SENIOR WALK. THUS FAR THE PROCESS FOR BOTH GRANTS AND SCHOLARSHIPS HAS PROVEN TO BE EFFECTIVE AND EFFICIENT. WITHIN THE APPLICATION PERIOD, RECIPIENTS FOR GRANTS ARE NOTIFIED VIA OUR ANNUAL SURPRISE PATROL AND SCHOLARSHIP RECIPIENTS ARE

#### **SCHEDULE O** (Form 990)

# 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 Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

SOMERSET ISD EDUCATION FOUNDATION	11-3841532
Form 990, Part VI, Line LINE 11B: THE FORM 990 IS REVIEWED BY THE	E VP OF FINANCE AND SUBMITTED
TO THE BOARD FOR REVIEW AFTER FILING	
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ame of the organization	Employer identification number
OMERSET ISD EDUCATION FOUNDATION	11-3841532
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Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

Department of the Treasury

, 2023, and ending _____, 20 ____ For calendar year 2023, or fiscal year beginning Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer 11-3841532 SOMERSET ISD EDUCATION FOUNDATION Name and title of officer or person subject to tax EXECUTIVE DIRECTOR SUSIE POOL EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12)... 1b 1a Form 990 check here X 2b 2a Form 990-EZ check here 3b 3a Form 1120-POL check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5). 4a Form 990-PF check here 5a Form 8868 check here 6b **b** Total tax (Form 990-T, Part III, line 4) 6a Form 990-T check here 7b 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here 9b 9a Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) SOMERSET ISD EDUCATION FOUNDATION , (EIN) 11-3841532 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 14897 Wm F Overstreet, III C.P.A. as my signature X I authorize Enter five numbers, but on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 70179610151 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

> **ERO Must Retain This Form—See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

1	1	-3	24	1	53	2

The following questions should be answered in the context of the **FEDERAL** return being electronically filed. Responses for state efiles are below.

	Form family applicability					
Check ("x") this column to see more information, when available.	1065	1120/F	1120S	990	1041	
Name of signing officer or fiduciarySUSIE POOL						
Check ("X") if foreign officer and does not have a SSN/TIN OR						
Check ("X") if officer opts not to provide SSN/ITIN		A				
OR Enter SSN/EIN of signing officer or fiduciary	Y	Y	Y	Y	Y	
Enter 33N/Env or signing officer of fluddiary.	MATERIAL SAN	\ \	I	<u> </u>	L	
	4.200					
Total Income from Prior Year return	<u> </u>	Υ	Y		Υ	
If claiming deduction for Salary & Wages on current year return, mark this box						
and enter the COUNT of original W2's reported to SSA for this tax year.	Ϋ́	Υ	Υ			
If claiming Compensation of Officers on current year return, mark this box			.,			
and enter the number of officers	7	Y	Υ			
Decret Comment Name	¥					
Parent Company Name	Y	Y	Y			
Farent Company Linv. ,						
Business's Primary Physical Address:						
Street						
Line 2						
City St Zip		,,				
Country Province Postal Code	Y	Y	Y	1		
Grantor Name						
Grantor SSN					Y	
Grantor GGIV		COMPANIANCE CONTRACTOR				
Indicate which, if any, of the following forms this entity is required to file.						
720 990 1042						
	\ \ \	\ \ \	·		Y	
940941943944 94 5	Y	Y	Y		1	
Were estimated tax payments made for this entity towards the current tax year's liability?						
Yes No		Υ	Y		Υ	
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.						
First Payment, regardless of quarter or date paid.						
Method Direct Debit/ACH Cash Check EFTPS						
Amount paid with first quarter						
Date payment was requested to be debited						
For Cash payments, date cash was deposited. For Check payments, date on check.						
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment						
EFTPS Confirmation Number ,						
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.						
Last Payment, regardless of quarter or date paid.						
Do NOT use if only one estimated payment was made. Method Direct Debit/ACH Cash Check EFTPS						
Amount of last payment						
Date payment was requested to be debited						
For Cash payments, date cash was deposited. For Check payments, date on check.						
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment						
EFTPS Confirmation Number						

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

Fait VIII, Lines 14-11 (350) - Contributions, Onto, Cranto, and Oth		Cash	Noncash
1 Federated Campaigns	1 _	-	
2 Membership dues	2 _	····	
3 Fundraising events	3 _		
4 Related organizations	4 _		
5 Government grants (contributions)	5 _		
6 All other contributions, gifts, grants, and similar amounts not included above:			
CORP & BUSINESS	_	10,450	
DONATION & SCHOLARSHIPS	_	284,345	
INDIRECT PUBLIC SUPPORT	_	<u> 30,969</u>	
INDIVIDUAL CONTRIBUTIONS		5,384	
MISCELLANEOUS		6,514	
Other contributions total	6	337,662	0
7 Total	7	337,662	0



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Other
Assets
Sale of
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				Angli IIIII				Depreciation Basis Method		
		0	0	0	use	and of		7		
Cost, other	basis and expenses					of sale and		e ments)	
_		2,258	0	0		Cost or other basis (Enter one field only)	Donated	value		
Gross	sales	2,2				Cost (Enter		Cost	\$ 2	
0				.,			Gross sales	price	2,258	
		ic Securities	ic Securities	Total Other Sales:	A		Date	plos		
		Total Publ	Total Non-Public Securities:	Total			Acquisition	method		
			To				Date	acquired		
								Purchaser		
						Check if	is a	business		
					1	رم بــ		securities		
					Check if				×	
								CUSIP#		
								Description		

Part X, Lines 11 and 12 (990) - Investments - Securities

378,833	Ending	Balance	Book Value	FMV	378,833	
133,496	Beginning	Balance	Book Value	FMV	133,496	
0		Value	at Time of	Donation 🥒		
Total:		Number	of Shares/	Face Value		
	Check if	Closely-Held	Equity	Interests		
	100	Check if	Financial	Derivatives		
	Check if	Publicly	Traded	Securities?	×	
	- Andread Andread State of the Control of the Contr			Description	1 SAN ANTONIO AREA FOUNDATION	

Wm F Overstreet, III C.P.A. 2738 OAK ISLAND DR LOT 9 SAN ANTONIO, TX 78264 Phone: 210-275-9609 WMOVERSTREETIII.CPA@GMAIL.COM

March 1, 2024

SOMERSET ISD EDUCATION FOUNDATION P.O. BOX 34 SOMERSET, TX 78069

Dear Sir,

I have prepared your 2023 Form 990 based on the information you provided. Please review the enclosed copy and contact me if any records need correcting before being e-filed.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about SOMERSET ISD EDUCATION FOUNDATION's tax situation during the year, please do not hesitate to call me at 210-275-9609. I appreciate this opportunity to serve you.

Sincerely,

WILLIAM F OVERSTREET III, C. P. A. Wm F Overstreet, III C.P.A.

WILLIAM F OVERSTREET III, C. P. A. 2738 OAK ISLAND DR LOT 9 SAN ANTONIO. TX 78264

February 12, 2024

SOMERSET ISD EDUCATION FOUNDATION P.O. BOX 34 SOMERSET, TX 78069

Dear SOMERSET ISD EDUCATION FOUNDATION,

Thank you for choosing my firm to prepare your income tax returns for tax year 2023. This letter confirms the services I will provide.

I will prepare your federal and state returns for tax year 2023 based on information you provide. Although my work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, I may ask for clarification of certain information, or additional information, so that I can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2023, and to respond to our inquiries in a timely manner so that I are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, I will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

My fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing my firm to prepare your 2023 tax return. We appreciate your business.

Wan to eventually	
WILLIAM F OVERSTREET III, C. P. A.	
Accepted by:	
	Date
	Date

242415

FIRST DATA REPORTING SERVICES LLC

If you have questions contact: CUSTOMER SERVICE Phone number: 866-597-5721

SOMERSET ISD EDUCATION FOUNDATION SOMERSET ISD EDUCATION FO 242415 PO BOX 34 MSP 451 SOMERSET TX 78069-0034

Instructions for Payee

You have received this form because you have either (a) accepted payment cards for payments, or (b) received payments through a third party network in the calendar year reported on this form. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSEs), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPP) or other third party payer to make payments to you. If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number. If the Form 1099-K is related to your business, see Pub. 334 for more information. If the Form 1099-K is related to your work as part of the gig economy, see www.hrs.gov/ GigEconomy. See the separate instructions for your income tax return for using the information reported on this form.

Payee's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account number or other unique number the PSE assigned to distinguish your account.

Box 1a. Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year

Box 1b. Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the eard was not present at the time of the transaction or the eard number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, Card Not Present transactions will not be

Box 2. Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

Box 3. Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

Boxes 5a-51. Show the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

Boxes 6-8. Show state and local income tax withheld from the payments.

Future developments. For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099K.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

O1AQ5638 - 09/14/2023

CORRECTED (if checked) FILER'S name, street address, city or town, state or province, country, ZIP FILER'S TIN OMB No. 1545-2205 or foreign postal code, and telephone no. 47-0902841 **Payment Card and** Form 1099-K PAYEE'S TIN **Third Party** FIRST DATA REPORTING SERVICES LLC 11-3841532 Network 1a Gross amount of payment card/third party network PO BOX 6604 **Transactions** HAGERSTOWN, MD 21741-6604 For calendar year transaction 866-597-5721 29,761.00 2023 1b Card Not Present Merchant category code Copy B transactions 8398 \$ 28,829.00 For Payee Check to indicate transactions reported are: Check to indicate if FILER is a (an): X Federal income tax 3 Number of payment Payment settlement entity (PSE) Payment card withheld transactions This is important tax Electronic Payment Facilitator 189 X information and is (EPF)/Other third party Third party network being furnished to PAYEE'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code 5b February 5a January the IRS, If you are \$ 2,585.00 \$ 4,360.00 required to file a return, a negligence SOMERSET ISD EDUCATION FOUNDATION 5c March 5d April penalty or other \$ 3,615.00 \$ 1,150.00 SOMERSET ISD EDUCATION FO sanction may be imposed on you if 5f June 5e May PO BOX 34 taxable income \$ 0.00 \$ 0.00 SOMERSET, TX 78069-0034 results from this transaction and the 5g July 5h August IRS determines that it \$ 770.00 \$ 2,070.00 has not been reported. 5i September 5j October \$ 5,527.00 \$ 6,035.00 PSE'S name and telephone number TIB THE INDEPENDENT BANKERS BANK 51 December 5k November 800-327-0053 \$1,139.00 \$ 2,510.00 7 State Identification no. 8 State income tax withheld 6 State O0543052950091470000 Account number (see instructions)

Form 1099-K

(Keep for your records)

www.irs.gov/Form1099K Department of the Treasury - Internal Revenue Service