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## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For th	e 2008 ca	alendar	year, or tax year	beginning	July 1	, 2008, and e	nding	Jı	ıne 3	0	, 20 09	
В	Check if a	applicable	Please	C Name of organiza	tion Westches	ster Academy En	dowment Fu	ınd		ו ס[	Employe	r identification n	umber
	Address	change	use IRS label or	Doing Business A	s					1_	58	151826	B
	Name ch	hange	print or type	Number and street (	or PO boox if mail is	not delivered to street ac	totress) Room	m/suite		E 1	Telephon	e number	_
	Initial ref	turn	See	2045 N Old Gre						(3	336)	822-402	2
	Terminat	tion	Specific Instruc-	City or town, state	•	ZIP + 4							
	Amende	d return	tions.	High Point, NC						G (	Gross rece	eipts \$ 2,20	1,444
	Applicatio	on pending	F Nam	ne and address of pr	incipal officer:	Marcus Fariss		1	H(a) is t	ns a gro	up return fo	or affiliates? Ves	No.
			2045 N	VOId Greensbo	ro Road, Higl	Point, NC 2726	55					cluded?	□No
1_		empt status		01(c) ( 3 ) ◀ (insert	no) 4947(a	a)(1) or 527			If "	No," a	ttach a li	st (see instruction	ns)
		te: ▶ n/a		·					H(c) Grou	р ехепт	otion numb	oer ▶	
				ration 🗌 Trust 🔲 As	sociation  Other	<u> </u>	L Year of for	mation	1983	M S	State of le	egal domicile No	<del></del>
Pa	art I	Summ	ary								_		
						most significant							
ø					rly \$305,000 i	n support of We	stchester Co	untry	Day Sc	hool'	<u>s</u>		
and	-	exempt	bribos	ie.									<b></b>
e.	-												·
ĝ	1					its operations or dis	•	than 25	% of its	assets			_
∘ধ				_		body (Part VI, line	•			. }	3		6
Activities & Governance	1			_		ne governing bod	y (Part VI, lin-	e 1b)		. }	4		0
ξ	1			employees (Par	•	•				. }	_5		0
¥				volunteers (esti		• •				· }	6		6
						Part VIII, line 12,		• •		· }	7a 7b		0
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					ျှပ			$\vdash$	-1101		581		
ě				grants (Part V						41	0		8,208
Revenue				Revende (Part 9						36	,366	/28/	0,819)
æ	10	Otherre	ent ingo	me (Part VIII, co	iumn (A), inne	3, 4, and 7d) .		$\cdot \vdash$		(221,		(20)	<u>1,013)</u>
	11 12	Total reve	enue La	dd De De D	h. 10 (must ea	d, 8c, 9c, 10c, a ual Part VIII, colum	n (A) line 12 ì	\ <del> </del>		(143.(		(24)	2,611)
_								_		(145,	0		4,950
						umn (A), lines 1-3 mn (A), line 4) .					0		0
8						(Part IX, column (			0				0
ens	1			•	•	(Fart ix, column (i A), line 11e)					0		0
Expenses				-		line 25) ▶				<i>,</i> :			<u> </u>
_			_			n-11d, 11f-24f) .				309	397	1	7,959
			-	•		Part IX, column (					397		2,909
				penses Subtract			, ine 25)			(452,			5,520)
2 63							<del>: -:-:</del>		Beginning			End of Yea	
Assets Balan	20	Total ass	ets (Pa	rt X, line 16) .						1,035	.668	3,46	8,119
A As	21			Part X, line 26)							029		0
<u> </u>				ind balances. Su	btract line 21	from line 20				4,033	639	3,46	8,119
Pa	art II		ature										
		Under pe	nalties of	perjury, I declare tha	t I have examined	this return, including	accompanying so	chedules	and state	ments	and to t	he best of my kno	wledge
		and belie	y, it is tru	e, correct, and comp	$\gamma$ .	of preparer (other than	n officer) is base	o on all	intormatic	n orwi	hich prep	parer has any kno	wieage
Sig	gn	<b>                                     </b>	a	en C	york					3	25	l6	
He	re	Sign	ature of c	officer A . I		-			D	ate '	·		
		<b>L</b>	Care	en C. Yo	10 10	lasurer							
		Туре	or pnnt	name and title									
		Preparer					Date	Check self-	c if		arer's ide	entifying number	
Paid	d	signature	• 🚩						yed ► 🗆	ال الم	., 1511 UCIT	,	
-	parer's		<del></del> -				<u> </u>		<del></del>				
-	Only	Firm's na	ime (or yo iployed),	ours		<u></u>			EIN	<u> </u>			
_		address,	and ZIP						Phone	no 🕨		) <u> </u>	
Ma	y the I	IRS disci	uss this	return with the	preparer show	vn above? (see ii	nstructions)					☐ Yes ☐	_ No_

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2008)



Carm	aan	(2008)

Par	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission:  An organization that supports a 501(c)3 educational institution.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes ☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.	☐ Yes ☑ No
4	Describe the exempt purpose achievements for each of the organization's three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 304,950 including grants of \$ 304,950 ) (Revenue \$ The endowment provided support to Westchester Country Day School. Over \$304,000 in support of operations of the school's exempt purpose.	
		••••
4b	(Code: ) (Expenses \$ 17,959 including grants of \$ ) (Revenue \$ Investment management fees paid to High Point Bank Trust Department.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ (94,191) including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ \$ 322,909 (Must equal Part IX, Line 25, column (B))	

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Form	990 (2008)		P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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	L. i	1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<b>✓</b>	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<b>✓</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17 10	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 18		1
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Ż
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>✓</b>	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J.	23_		1
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 questions	242		./
1-	24b–24d and complete Schedule K. If "No," go to question 25	24a 24b		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u> </u>	<b>-</b>	<del>-</del>
	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 24d		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	∠4u		<b>-</b>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

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Part IV	Chackle	t of Bor	villead Si	chadulae	(continued)
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			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		<b>√</b>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>✓</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
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		1
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		<b>✓</b>

Form **990** (2008)

Form	990 (2008)		F	age 5
, Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			[
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			İ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	<b>V</b>	$\vdash$
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.			
h	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		<b>/</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<b> </b>
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	۱.		,
	account)?	4a		<b>-</b>
b	If "Yes," enter the name of the foreign country: ▶	İ		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b		5b		1
_	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
_	Regarding Prohibited Tax Shelter Transaction?	5c		<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		
ь	\$/5?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del> </del>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?.	7h		ĺ
0	·			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	L <sup> </sup>		
	organization, have excess business holdings at any time during the year?	8		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			_
а	Did the organization make any taxable distributions under section 4966?	9a		<b>✓</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_✓_
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.  Grass receipts included on Form 990. Part VIII, line 12 for public use of club facilities.		'	
b	aross receipts, included on Form 556, Fair Vint, line 12, 101 public use of club facilities			
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
a	Gross income from members or snareholders			i
b	amounts due or received from them.)			
	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.   12b	ı		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			1
	circumstances, processes, or changes in Schedule O. See instructions.			ļ
1a	Enter the number of voting members of the governing body	.		
ь	Enter the number of voting members that are independent	.		i i
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		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<b>√</b>
6	Does the organization have members or stockholders?	6		1
7a				
	of the governing body?	7a		<b>✓</b>
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	-	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:	. !		
_	Thursday 1 1 0	8a		<b>✓</b>
	Each committee with authority to act on behalf of the governing body?	8b		1
	Does the organization have local chapters, branches, or affiliates?	9a		1
	· · · · · · · · · · · · · · · · · · ·	- 54		<b>_</b>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9ь		ļ
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			١,
	must describe in Schedule O the process, if any, the organization uses to review the Form 990 .	10		<b>✓</b>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		✓
Sec	tion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>√</b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			ļ
	rise to conflicts?	12b		<del> </del>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<b>✓</b>
14	Does the organization have a written document retention and destruction policy?	14		✓_
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		_	
а	The organization's CEO, Executive Director, or top management official?	15a		✓
b	Other officers or key employees of the organization?	15b		<b>/</b>
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	,		
	with a taxable entity during the year?	16a		<b>✓</b>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶NC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s ·	only)	
	available for public inspection. Indicate how you make these available. Check all that apply	, ,	• •	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of inte	erest	
. •	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization   Wade Shigo 2045 N Old Greensboro Road, High Point, NC 27265 (336) 822-4022			

# 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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co	mpensate	any o	offic	er,	dıre	ctor,	trus	tee, or key em	ployee.	<del></del>
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (		k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Kım Bauman Member	1									
Sandy Finch Member	1									
Everett Padgett Member	1									-
Brian Bunch Treasurer	1									
Jeff Horney Member	1									
Marcus Fariss Member	1									
					į					

, ra	Section A. Unicers, Directors, Tru		r Emp	юу			a mig	nes	1		ntinue	
	(A) Name and title	(B) Average	(C) Position (check all that ap						(D) Reportable	(E) Reportable	F	(F) stimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org	nount of other pensation om the janization d related anizations
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		***										
						<u> </u>					<u> </u>	
<u>1b</u>	Total	<u> </u>	<u> </u>	<u>.                                    </u>		• •		<u> </u>			<u></u>	<del></del>
2	Total number of individuals (including thos organization ▶ 0	e in 1a) wh	o rec	eive	ed r	nore	e thar	า \$1	00,000 in repo	rtable compens	sation	from the
									<u> </u>			Yes No
3	Did the organization list any <b>former</b> office employee on line 1a? <i>If</i> "Yes," complete S							oye	e, or highest c	ompensated	3	· ·
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater tha	ın \$15	50,0	003	If "	'Yes,"	coi	mplete Schedu		4	-   J
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	oen:	satı	on f	from	anv	unrelated org		5	
Se	ction B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization	ompensate	d ind	ере	nde	nt o	contra	acto	rs that receive	d more than \$1	00,000	) of
	(A) (B) (C) Name and business address Description of services Compensation											
No	None											
		<del></del>						$\vdash$				
	· · · · · · · · · · · · · · · · · · ·						<del></del>					
2	Total number of independent contractors compensation from the organization ▶	(including t	those	ın	1) w	/ho	recei	ved	more than \$10	00,000 in		

Par	: VII	Statement of Re	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues. Fundraising events Related organizations Government grants (contr All other contributions, gifts, g and similar amounts not inclu Noncash contributions include Total. Add lines 1a-1f	butions). 1e grants, ded above 1f ed in lines 1a-1f. \$	38,208	38,208			
e				Business Code				
Program Service Revenue		All other program servi	ce revenue .					
	9	Total. Add lines 2a-2f			0	·		ļ
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties		▶	88,887			88,887
		•	(ı) Real	(II) Personal				
	b	Gross Rents Less. rental expenses Rental income or (loss) Net rental income or (lo	oss)	•				
	7a	Gross amount from sales of assets other than inventory	(i) Securities 2,448,260	(II) Other				
		Less: cost or other basis and sales expenses	2,817,966					
		Gain or (loss) Net gain or (loss)	(369,706)	•	(369,706)			(369,706)
r Revenue	ł	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1c)		(***)			
Other		Less: direct expenses	<b>b</b>					
0	l	Net income or (loss) fro	_	vents . <b>&gt;</b>				
		Gross income from gam See Part IV, line 19 Less direct expenses.	а					
	C	Net income or (loss) from	om gaming activ	ities . ►				
	b	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) from	i a ld b					-
		Miscellaneous Rev	·	Business Code				
	ſ							
	C	All -th-same-same						
		All other revenue Total. Add lines 11a-1						
		Total Revenue. Add ling 9c, 10c, and 11e	nes 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	(242,611)			(280,819)

#### 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) but are not required to complete columns (B).	(C), and (D)

	An other organizations must complete cor	unin (A) but are no	t required to com	piete coluinis (b),	(C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	304,950	304,950		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				Name of
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	1			
а	Management				
	Legal				
	Accounting		<u> </u>		
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties			<u> </u>	
16	Occupancy		<del>-</del>		
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Bank Fees	17,959		17,959	
b					
c					
d					
e					
f	All other expenses				<u> </u>
25	Total functional expenses. Add lines 1 through 24f	322,909	322,909	17,959	
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

ĿĊ	ות א	Balance Sneet		-			
			(A) Beginning of year		(I End o	B) of year	
	1	Cash—non-interest-bearing		1			
	2	Savings and temporary cash investments	39,729	2		10	0,001
	3	Pledges and grants receivable, net	669,631	3		431	,836
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L .		5			
	6	Receivables from other disqualified persons (as defined under section					
	6	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
		Part II of Schedule L		6			
S.	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges		9	*****		
	10a	Land, buildings, and equipment: cost basis 10a					
	b	Less. accumulated depreciation Complete Part VI of Schedule D		10c			
		Turk vi or correction by	3,326,308			2,646	S E E 2
	11	Investments—publicly traded securities	3,320,306	12		2,040	0,303
	12	Investments—other securities See Part IV, line 11		13	<del></del>		
	13	Investments—program-related. See Part IV, line 11		14			
	14	Intangible assets					
	15	Other assets See Part IV, line 11	4 025 060	15		2.000	1400
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	4,035,668	16		3,088	3,400
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18	···-		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
es	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key					
iab		employees, highest compensated employees, and disqualified					
		persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties .		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	2,029	25			0
	26	Total liabilities. Add lines 17 through 25	2,029	26			0
(0		Organizations that follow SFAS 117, check here ▶ □ and					
alances		complete lines 27 through 29, and lines 33 and 34.					
an	27	Unrestricted net assets		27			
Ba	28	Temporarily restricted net assets	3,983,639	28		3,038	3,400
ק	29	Permanently restricted net assets	50,000	29		50	0,000
or Fund		Organizations that do not follow SFAS 117, check here ▶ □					
Ž		and complete lines 30 through 34.	•				
Si	30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
As	32	Retained earnings, endowment, accumulated income, or other funds		32			
et	33	Total net assets or fund balances	4,033,668	33		3,088	3,400
Z	34	Total liabilities and net assets/fund balances		34			
Pa	rt XI	Financial Statements and Reporting			· · · · · · · · · · · · · · · · · · ·		
-						Yes	No
4	۸۵۵	ounting method used to prepare the Form 990:   Cash  Accrual	Other				<u>-</u>
1				2	2a		~~
_		e the organization's financial statements compiled or reviewed by an ind			2b	1	<del> </del>
b		e the organization's financial statements audited by an independent according to the decay the decay that seements are a committed that seements		Naht s		$\vdash$	
C		es" to lines 2a or 2b, does the organization have a committee that assumes				<b>/</b>	
0-	the a	audit, review, or compilation of its financial statements and selection of an in	uepenuent accountant	forth	·	<del>                                     </del>	
<b>Ja</b>		a result of a federal award, was the organization required to undergo an a Single Audit Act and OMB Circular A-133?	audit of addits as set	iorin	I .	]	1
		Single Audit Act and OMB Circular A-133?  'es," did the organization undergo the required audit or audits?		•	3a 3b	$\vdash \vdash$	<del></del>
IJ	1	os, did the organization undergo the required addit of addits		•	· LOU		L

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

1518568

Department of the Treasury Internal Revenue Service Name of the organization

**Westchester Academy Endowment Fund** 

Inspection Employer identification number

58

Ра	rt I	Reason	for Public Cr	narity Status (All or	ganızatı	<u>ons mus</u>	t compl	ete this	part.) (s	<u>ee instru</u>	ctions)
The	orga	anization is n	ot a private four	ndation because it is:	(Please o	check onl	y <b>one</b> org	ganizatioi	n )		
1				rches, or association	•		•	-	•	A)(i).	
2	_			on 170(b)(1)(A)(ii). (At						,,,	
3				hospital service organ			ın sectio	n 170(b)	(1)(A)(iii).	(Attach S	Schedule H )
4	$\overline{\Box}$			ation operated in con							
_			ame, city, and st	•	•						
5		An organizat	-	the benefit of a colle	ge or uni	versity ov	wned or o	perated	by a gov	ernmenta	l unit described in
6				ernment or governme	ental unit	describe	d in sect	ion 170(l	o)(1)(A)(v	).	
7		An organizat	tion that normally	y receives a substanti (1)(A)(vi). (Complete F	al part of						the general public
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	An organization that normally receives. (1) more than 331/3 % of its support from contributions, membership fees, and gross										
				ed to its exempt func							
		support from	n gross investm	ent income and unre	lated bu	siness ta	xable inc	ome (les	s section	1 511 tax	) from businesses
		acquired by	the organization	n after June 30, 1975.	See sec	tion 509(	(a)(2). (Co	omplete F	Part III.)		
10		An organizat	tion organized a	nd operated exclusive	elv to tes	t for publ	ic safety.	See sec	tion 509	(a)(4). (se	e instructions)
11		-	-	and operated exclusive	-		-				
				blicly supported orgai							
		509(a)(3). Cl	heck the box tha	at describes the type	of suppo	rting orga	anızatıon	and com	plete line	es 11e th	rough 11h
		a 🗌 Type	ı b □	Type II c	: 🗹 Typ	e III-Fun	ctionally	ıntegrate	d	d□	Type III-Other
е		• •		tify that the organizat			-	-		y one or	more disqualified
				n managers and othe							
		509(a)(1) or	section 509(a)(2)								
f		If the organ	zation received	a written determinati	on from	the IRS	that it is	a Type !	l. Type II	. or Type	e III supportina
		-	, check this box						, ,,		,
g		•	st 17, 2006, has	the organization acce			ontribution	on from a	iny of the	•	
		(i) A persor	n who directly o	r indirectly controls, e	either alo	ne or too	ether wit	h persor	s descri	bed in (ii)	Yes No
				ning body of the sup							11g(i) 🗸
		, .	· -	erson described in (i)	•						11g(ii) ✓
				of a person described		(II) above	?		, -		11g(ui) ✓
h			_	ation about the organ				upports			
(1)		of supported	(ii) EIN	(III) Type of organization		organization		ou notify		ls the	(vii) Amount of
	org	janization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	support
				(see instructions))	governing			ort?		S ?	
					Yes	No	Yes	No	Yes	No	
Wes	tche	ster Country		2							
Day	Sch	ool, Inc.	56-0891598		<b>✓</b>		✓		✓		304,950
		<del>_</del>									
						<u> </u>					
						<u> </u>			<u> </u>		
			1					[		[	
					L					<u> </u>	

Total

304,950

	(Complete only if you check					and 170(b)(1	i)(A)(Vi)
Sec	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3				ļ	ļ	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
300	tion B. Total Support		<u> </u>		L		<u> </u>
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10 .		<u> </u>		L	1	<u> </u>
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	<u>re</u>					on 501(c)(3)
	tion C. Computation of Public Su				·	<del> </del>	
14	Public support percentage for 2008 (line	• • • • • • • • • • • • • • • • • • • •	=			14	<u>%</u>
15	Public support percentage from 2007 Sci					15	<u>%</u>
16a	33%% support test—2008. If the organiand stop here. The organization qualifies				line 14 is 33%	% or more, che	eck this box ► [
b	331/3 % support test - 2007. If the organization quality box and stop here. The organization quality					33% % or more	, check this . ► [
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2007 more, and if the organization meets the "forganization meets the "facts-and-circumstance" Private foundation. If the organization did	acts-and-circur ances" test. The	nstances" test, o organization qu	check this box alifies as a publi	and <b>stop here</b> . cly supported o	Explain in Part rganization	IV how the . ▶ [

, Scho	dule A (Form 990 or 990-EZ) 2008						Page 3
	rt III Support Schedule for Orga	nizations De	escribed in S	Section 509(a	n)(2)		
	(Complete only if you checke	ed the box o	n line 9 of Pa	art I.)	<u>-</u>		
	tion A. Public Support		T #1		( N = 222		(a =
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513				<u></u>		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-
5	The value of services or facilities furnished by a governmental unit to the organization without charge					]	
6	Total. Add lines 1-5						ļ
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		T # \ 0005	( ) 0000	/ P. 2227		T 40 T
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						<u> </u>
14	First five years. If the Form 990 is for organization, check this box and stop	here .		nd, third, fourth	•		on 501(c)(3) ►
Sec	tion C. Computation of Public Su					1 1	
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S	Schedule A, P	art IV-A, line 2	ne 13, column 7g	(f))	15 16	<u>%</u>
Sec	tion D. Computation of Investmen						

Sec	tion C. Computation of Public Support Percentage		
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)	15	
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	<u>%</u>
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a	33% % support tests—2008. If the organization did not check the box on line 14, and line 15 is r 17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly		
b	33%% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 1 line 18 is not more than 33%%, check this box and stop here. The organization qualifies as a publicly	6 is m suppo	ore than 33% %, and orted organization ► □
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this b	ox and	d see instructions 🕨 🔲

Schedule A (Fo	orm 990 or 990-EZ) 20	008						Page 4
Part IV	Supplemental Part II, line 17a	<b>Information.</b> Carrier or 17b; or Part	omplete this	s part to pr Provide any	ovide the e other addi	xplanation re tional informa	quired by Par ation. (see inst	t II, line 10; ructions)
••••••			· · · · · · · · · · · · · · · · · · ·				*************	
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			•					

#### SCHEDULE D (Form '990)

#### **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Westchester Academy Endowment Fund 58 1518268 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure ☐ Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements. 2b Total acreage restricted by conservation easements . . . . . . . . . 2c Number of conservation easements on a certified historic structure included in (a) . 2d Number of conservation easements included in (c) acquired after 8/17/06. d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ..... 4 Number of states where property subject to conservation easement is located ▶ ...... Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 5 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶..... 6 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ ..... Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 . . . . (ii) Assets included in Form 990, Part X . . . . . . . . **\$** . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 . \$ \_\_\_\_\_ Assets included in Form 990, Part X . . . \$.....

Π.	-
Page	

Par	Organizations Maintain	ing Collections	of Art, His	torica	I Treasures,	or Ot	ther Similar A	ssets (c		ued)
3	Using the organization's accession items (check all that apply):	and other record	s, check ar	ny of t	he following th	at are	e a significant u	se of its	s colle	ection
а	Public exhibition		d		oan or exchan					
b	Scholarly research		е		Other					
С	Preservation for future genera									
4	Provide a description of the organi Part XIV.		,		•		-	empt pu	rpose	ın
5	During the year, did the organization assets to be sold to raise funds rather	er than to be maint	ained as pa	rt of th	e organization's	colle	ction?		es 🗌	No
Pai	Trust, Escrow and Cus Part IV, line 9, or reporte					answ	vered "Yes" to	Form 9	90,	
	Is the organization an agent, truste included on Form 990, Part X? .			-		ns or			es 🗆	] No
b	If "Yes," explain the arrangement is	n Part XIV and cor	nplete the	follow	ng table:		1			
	_					4.	A	mount		··
	Beginning balance	• •				1c				
d	9					1d				
e	Distributions during the year			٠		<u>1e</u> 1f	<b> </b>			
f	Ending balance								, <u>_</u>	1
	Did the organization include an am If "Yes," explain the arrangement i		), Part X, III	ne 217		•		T	'es ∟	J No
	t V Endowment Funds. Co		zation ans	were	d "Yes" to Fo	rm 9	90, Part IV, Iir	e 10.		
		(a) Current year	(b) Prior		(c) Two years ba		(d) Three years back		ır years	back
1a	Beginning of year balance	3,366,037								
b	Contributions	258,165								
c	Investment earnings or losses .	(654,730)						T		
d	Grants or scholarships	(304,950)								
e	Other expenditures for facilities and programs	0								
f	Administrative expenses	(17,959)			ļ <u>.</u>					
g	End of year balance	2,646,563								
2	Provide the estimated percentage	of the year end ba	lance held	as						
а	Board designated or quasi-endowr		%							
b	Permanent endowment ► 1.88									
C	Term endowment ► 8.43	%								
За	Are there endowment funds not in to organization by:	he possession of the	he organiza	tion th	at are held and	admı	nistered for the		Yes	No
	(i) unrelated organizations .						ē	3a(ı)	1	✓
	(ii) related organizations							3a(ii		1
b	If "Yes" to 3a(II), are the related org					•		3b		L
4	Describe in Part XIV the intended u	<u> </u>								
Par					1					
	Description of investment	(a) Cost or of (investment)			est or other us (other)	(c) D	epreciation	(d) Bo	ok value	•
1a	Land	.								
b	Buildings				<del></del>					
C	Leasehold improvements	.				_				
d	Equipment									
	Add lines 1a-1e (Column (d) should	equal Form 990. Pa	art X. columi	n (B). In	ne 10(c).)	<del>-</del> -	. •			
	The state of the s		, 50,0,7,7	1-/, //	(-)-/	· -	<del></del>			

Part VII Investments - Other Securitie	s. See Form 990, Part >	K, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			<del></del>
	<del>                                     </del>		
	<del> </del>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	10 5 000 0 1		<u> </u>
Part VIII Investments—Program Relate	T		- <del></del> -
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year man	
		1	
T.1.(0) (1) (1) (1) (1) (1) (1) (1) (1)			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X	prt V line 15		
Part IX Other Assets. See Form 990, Fa	(a) Description	<u> </u>	(b) Book value
	(a) coscription		(b) Book take
	······································		
			<u> </u>
Total. (Column (b) should equal Form 990, Part X, co	ol. (B) line 15.) , .		***
Part X Other Liabilities. See Form 990			
(a) Description of liability	(b) Amount		
Federal income taxes			
	<u> </u>		
		<del>-</del> -	
	<del> </del>	<del> </del>	
		_	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25 ) ▶			
In Part XIV, provide the text of the footnote to the	organization's financial sta	atements that reports the organiza	tion's liability for
uncertain tax positions under FIN 48.			

Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Fi	nancial Statements	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	(242,611)
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	322,909
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	(565,520)
4	Net unrealized gains (losses) on investments			4	(373,911)
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	94,191
9				9	(279,240)
10	Excess or (deficit) for the year per financial statements Combine lines			10	(845,240)
Pai	t XII Reconciliation of Revenue per Audited Financial Sta		nts with Revenue	Т	T
1	Total revenue, gains, and other support per audited financial statemen	nts .		1	(522,331)
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	10-1	(272.044)		
а	Net unrealized gains on investments	2a	(373,911)	ł	
b	Donated services and use of facilities	2b	96 450	1	
С	Recoveries of prior year grants	2c 2d	86,150 8,041	ł	
d	Other (Describe in Part XIV)	Zu	0,041	2e	(279,720)
е	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1	i . ı		-	(242,611)
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b		1	
b	Other (Describe in Part XIV)	<u> </u>		4c	_
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line			5	
	t XIII Reconciliation of Expenses per Audited Financial St				120 (20)
				1	222 222
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
_	Donated services and use of facilities	2a			
a		2b		1	
D	Prior year adjustments	2c		1	
c d	Other (Describe in Part XIV)	2d		1	
e	Add lines 2a through 2d			2e	 }
3	Subtract line 2e from line 1	•		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b.	4a			
b	Other (Describe in Part XIV)	4b		1	
c	Add lines 4a and 4b			40	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Par	t I, line	e 18.)	5	322,909
Pai	t XIV Supplemental Information				
and	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b, and I			d 4,	Part IV, lines 1b
		<b></b>			
				. <b></b> .	

Page 5 Part XIV Supplemental Information (continued)					
Part XIV	Supplemental Information (continued)				
	***************************************	••••			
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

ŝ 304,950 Education operation (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Employer identification number 1518568 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 58 (f) Method of valuation (book, FMV, appraisal, other Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant 304,950 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)3 56-089-159 (p) EIN Weschester Academy Endowment Fund Westchester.Country Day...... 1 (a) Name and address of organization or government Name of the organization School, Inc Part II Part I

Schedule I (Form 990) 2008

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

Enter total number of other organizations

Page 2

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III

#### SCHEDULE O (Form '990)

## Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

2009
Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 1518268 **Westchester Academy Endowment Fund** 58 990; Part III; Line 4d There was a decrease in allowance for bad debts of \$86,150; and a decrease in the present value discount related to our bond issue of \$8,041. 990; Part VI; Line 10 The Treasurer reviews the 990 that is prepared by the Director of Finance prior to filing with the IRS. 990; Part VI; Line 19 The referenced documents are kept in the business office and available upon request. An appointment can be scheduled to review the documents at 2045 N Old Greensboro Road, High Point, NC 27265.

Schedule O (Form 990) 2009		Page 2
Name of the organization	Employer identification number	
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