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A For the 2016 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue, Service Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identification	ation number				
_	Addre:	WARREN COUNTY EDUCATIONAL							
<u> </u>	chang	ENDOWMENT, INC							
F	chang		 		17971				
느	return	, , , , , , , , , , , , , , , , , , , ,	om/suite	E Telephone number					
	Final return/ termin	P.O. BOX 1314			36-2941				
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	162,550.				
닏	return	FRONT ROTAL, VA 22630		H(a) Is this a group ret					
L	tion pendir	F Name and address of principal officer CAROL DODSON		for subordinates?					
_		PO BOX 1538, FRONT ROYAL, VA 22630	1 507	H(b) Are all subordinates inc					
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or [527		st. (see instructions)				
		e: ► N/A organization: X Corporation Trust Association Other ►	T. Voos	H(c) Group exemption	State of legal domicile: VA				
	art I	organization; X Corporation	IL Year (DI IOI III AUOII. 1334 M	State of legal doffficile. VA				
<u>'</u>		Briefly describe the organization's mission or most significant activities ENDOWM	(ENTT	FINID FOR THE	7				
Se	1	BETTERMENT OF EDUCATION FOR WARREN COUNTY			<u></u>				
Activities & Governance		Check this box If the organization discontinued its operations or disposed			note				
ver	2		i oi more	3	15				
ဇ္ဗ	3	Number of voting members of the governing body (Part VI, line 1a)		4	15				
∞ ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)		5	1				
Ę.	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		h	0				
ξį	6	Total number of volunteers (estimate if necessary)		6	0.				
Ä	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
	b	Net unrelated business taxable income from Form 990-T, line 34		7b					
		Control of the state of the sta	<u> </u>	Prior Year 32,943.	Current Year 43,443.				
e	8	Contributions and grants (Part VIII, line 1) RECEIVED		32,943.	43,443.				
ě	9	Program service revenue (Part VIII, line 2d)		32,376.	47,112.				
Revenue	10	Investment income (Part VIII, column (A), ines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 3, 4, and 7d)	-						
7107	111	Other revenue (Part VIII, column (A), lines 30, 84194, 10c5and 11e)	-	-1,978. 63,341.	+ / - / • /				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) Jin 12)		40,413.	91,825.				
9	13	Grants and similar amounts paid (Part IX, column (A) lines [R], UT	ļ 		38,822.				
0		Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.				
≅ë	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	3,161.	3,836.				
======================================	16a	Professional fundraising fees (Part IX, column (A), line 11e)	$\ \ \vdash$	0.	0.				
CX	bb	* · · · · · · · · · · · · · · · · · · ·	<u> </u>	11 000	10 000				
¥	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,802. 55,376.	10,889. 53,547.				
	18	Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25)	-		38,278.				
KANNESSENSES	19	Revenue less expenses Subtract line 18 from line 12		7,965.					
S	3	T	Be	ginning of Current Year	~End of Year 831,341.				
SSG	20	Total assets (Part X, line 16)	-	776,451.					
Net Assets of	21	Total liabilities (Part X, line 26)	-	504.	1,338. 830,003.				
	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		775,947.	630,003.				
_		lities of perjury, I declare that I have examined this return, including accompanying schedules at	nd statem	ante, and to the heet of my	knowledge and belief it is				
					Kilowiedye alid bellet, it is				
<u>II U</u>	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	lias ally kilowieuge.					
ο.		Signature of officer		Date	 -				
Sig		, ,		54.0					
не	Here CAROL DODSON, TREASURER Type or print name and title								
_			П	Date Check	PTIN				
D -	id	Print/Type preparer's name LARRY A. RENNER Preparer's signature	_	~/ 1 f -					
Pa			/r -	/ 	54-1696970				
	eparer • Only	Firm's name BRUCE, RENNER & COMPANY, PLC		Firm's EIN	34-T030310				
υS	e Only	Firm's address 211 SOUTH LOUDOUN STREET WINCHESTER, VA 22601		Phone no 5 4 6	0-722-0172				
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No Form 990 (2016)				
632	2001 11-	ii-io Lina for faperwork neguction act Notice, see the separate instructions	J.		101111000 (2010)				

632001 11-11-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Code) (Expenses \$	including grants of \$) (Revenue \$	}
	· · · · · · · · · · · · · · · · · · ·			

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

Total program service expenses ► 38,822.

(Revenue \$

Form 990 (2016)

ENDOWMENT, INC

Part IV Checklist of Required Schedules	
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		Forn	990	(2016)
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	 	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	+	X
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	444		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
14a		14a	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	Schedule D, Parts XI and XII	12a	-	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	, 1a		
d	Part VI	11a		x
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			!
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			
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	 	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
10	If "Yes," complete Schedule D, Part IV	9	ļ. <u> </u>	X
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			y
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			}
۵	Schedule D, Part III	8_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	<u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	_	<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			_
	public office? If "Yes," complete Schedule C, Part I	3		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
•	If "Yes," complete Schedule A	1	Х	
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		res	NO

Form 990 (2016) ENDOWMENT, INC
Part IV Checklist of Required Schedules (continued)

Da Dit perganization periate one or more hospital facilities 2 th 1*Yes,** complete Schedule H Dit 1*Yes** to impact and the organization are than 45,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1*P1** 1*Yes**, complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1*P1** 1*Yes**, complete Schedule I, Parts I and III Did the organization on sever 1*Yes** to Part IVI, Scioton, A, line 3, 4 or 35 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensation of more than \$100,000 as of the liast day of the year, that was issued after December 31, 2002? If *Yes**, "answer lines 24th through 24d and complete Schedule K. If *No.**; por Inia 25a Did the organization meant an escrow account other than a returning escrow at any time during the year to defease any taxexempt bonds." Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any taxexempt bonds." Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any taxexempt bonds." Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any taxexempt bonds." Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any taxexempt bonds. The part of the organization engage in an excess benefit transaction with a disqualified person on a price year. Did the organization as the strip organizations, but the organization engage in an organization engage in any current or former officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Sch					
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 organize or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 organize or other assistance to any domestic organization or domestic molecular to the organization organization and the part X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensated employees" If "Yes, complete Schedule J About 1 and former officers, directors, trustees, key employees, and highest compensated employees" If "Yes, complete Schedule J About 1 and former officers, directors, trustees, and that the organization for the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list of 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 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization minus and proceeds of tax exempt bonds beyond a temporary period exception? Did the organization minus and proceeds of tax exempt bonds beyond a temporary period exception? Did the organization aware that it engaged in an excess benefit transaction with a disqualified period with a disqualified period of the proceed of the procee		Dather to the second of the se		Yes	No
1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part KI, column (A), in a '7 if '*Pes', complete Schedule I, Parts I and II 2 2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part KI, column (A), in a '27 if '*Pes', complete Schedule I, Parts I and II 3 3 Did the organization answer 'Yes' to Part VII, Section (A), lies 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 I, Part I and II and 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 II. If 'No'; go to line 25e 3 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organizations prior former 900 or 990 E27 If 'Yes,' complete Schedule I, Part II 3 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualfied persons? If 'Yes,' complete Schedule I, Part IV and the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule I, Part IV A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule I, Par		· · · · · · · · · · · · · · · · · · ·			
domestic government on Part IX, column (A), line 17 if Yes,* complete Schedule I, Parts I and II 20 off the organization report more than \$5,000 of grants or other assessance to or for domestic individuals on Part IX, column (A), line 2? if Yes,* complete Schedule I, Parts I and III 22 X 23 Did the organization answer Yes* to Part VII, Section A, line 3, 4, or 5 about compensation of the organization solver and and former officers, directors, trustees, key employees, and injects compensated employees? If Yes,* complete Schedule J 24 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 J 25 Schedule IX IV IV-0; go to line 25a 26 Did the organization maintain an escriow account other than a refunding escriow at any time during the year? 26 Did the organization maintain an escriow account other than a refunding escriow at any time during the year? 27 Did the organization maintain an escriow account other than a refunding escriow at any time during the year? 28 Did the organization maintain an escriow account other than a refunding escriow at any time during the year? 29 Did the organization maintain an escriow account other than a refunding escriow at any time during the year? 29 Did the organization aware that regaged in an excess benefit transaction with a disciplified person during the year? If 'Yes,' complete Schedule L, Part II 29 Did the organization aware that regaged in an excess benefit transaction with a disciplified person any of the organization aware that regaged in an excess benefit transaction with a disciplified person and that the transaction was disciplified person and that the transaction aware that regaged in an excess benefit transaction was disciplified person and that the transaction and an advantage and transaction and that the transaction and transaction was accomplicated and transaction and			20b		
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Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 3 Dd 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, flusteses, key employees, and impliest compensated employees? If "Yes," complete Schedule J and 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 J (* If No.") go to line 22s	20			Λ	
3 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 I. When 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			22		Y
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 4a 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 him 25a 25a 24a 24b 24b 24b 24b 25b 25b 25b 25b 25b 25b 25b 25b 25b 25	22				
Schedule J. 4 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 Discember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 5 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? to defease any tax exempt bonds? 5 Section 601(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 If the organization avare that it engaged in an excess benefit transaction with a disqualified person of any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former offices, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part If 25b X X and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions). 5 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions. 5 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions. 6 A carried of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule L, Part IV instructions? If	LU				
48 Did the organization have a tar-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list 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 Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization minest any account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization account other than a refunding escrow at any time during the year? Section 501(x)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Section 501(x)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a princy year, and that the transaction with a disqualified person in a princy year, and that the transaction with a disqualified person in a princy year, and that the transaction with a disqualified person in a princy year, and that the transaction have that it engaged in an excess benefit transaction with a disqualified person in a princy year, and that the transaction with a disqualified person in a princy year, and that the transaction with a disqualified persons? If "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, or employees, employees, or disqualified persons? If "Yes," complete Schedule L, Part III Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule II, Part IV which are organization receive more than \$25,000 in non-cas			22		x
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 25b Dd the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization maintain an escrow account other than a refunding escrow at any time during the year? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Dd the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part II as organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II Dd the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualited persons? If "Yes," complete Schedule L, Part III Dd the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions of organization receive more than \$25,000 in non-ash contributions? If "Yes," complete Schedule L, Part IV instructions of organization receive more than \$25,000 in non-ash contributions? If "Yes," complete Schedule L, Part IV instructions or qualified conservation contributions? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Dd the	242		25		
Schedule K. If "No.", go to lime 25a Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? S Section 501(3), 501(6)4), and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions? If "Yes," complete Schedule L, Part IV instructions or director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions or director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions or d			24a		x
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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
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Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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Note. All Form 990 filers are required to complete Schedule O			37		X
	38				
Form 990 (20 ⁻		Note. All Form 990 filers are required to complete Schedule O			40.5 : :

Statements Regarding Other IRS Filings and Tax Compliance Part V 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 1a 1b 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes." has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 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)? Х 4a 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). Х Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required C X 7с to file Form 8282? 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b 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 12b 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. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 15								
	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 in Schedule O.	,	}						
b	Enter the number of voting members included in line 1a, above, who are independent 15	j	į						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	, ,	1						
	officer, director, trustee, or key employee?	2	}	<u>X</u>					
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		X_					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4]	_X_					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6		<u>X</u>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	}							
	more members of the governing body?	7a		<u>X</u> _					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b	}	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	x						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
þ	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 in Schedule O the process, if any, used by the organization to review this Form 990		ı						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X_					
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	}		}					
	in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		<u>X</u>					
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	ì		}					
	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 in Schedule O (see instructions)	ì	}	Ì					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1							
	taxable entity during the year?	16a	<u> </u>	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ł		ł					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	i	ł	İ					
	exempt status with respect to such arrangements?	16b	<u>L</u>	<u>L</u>					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website X Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cıal						
	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:								
	CAROL DODSON - 540-636-2941								
	DO BOY 1314 FRONT ROVAL VA 22630								

Form 990 (2016) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

(2) DOUGLAS STANLEY	(A) Name and Title	(B) Average hours per week	offic	not c unle	ss per	tion more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
APPLICATIONS CHAIR (2) DOUGLAS STANLEY PRESIDENT X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	•	from the organization and related
(2) DOUGLAS STANLEY	(1) MARY ANNE BIGGS	1.00									
RESIDENT	APPLICATIONS CHAIR		X						0.	0.	O.
CAROL S DODSON	(2) DOUGLAS STANLEY	2.00									
TREASURER	PRESIDENT		X		X				0.	0.	0.
(4) JOSEPH SILEK 1.00 SECRETARY X X (5) MELANIE BARBER 1.00 VICE PRESIDENT X X (6) JOHN MARLOW 2.00 0 DEVELOPMENT CHAIR X 0. 0. (7) CHARLES SACKETT X 0. 0. BOARD MEMBER X 0. 0. 0. (8) THOMAS E. PATTESON, III 1.00 0. 0. 0. BOARD MEMBER X 0. 0. 0. (9) SUE ANN FOX 1.00 0. 0. 0. BOARD MEMBER X 0. 0. 0. (10) MARK BOWER 1.00 0. 0. 0. BOARD MEMBER X 0. 0. 0. (11) R. MARK JORDON 1.00 0. 0. 0. NOMINATING CHAIR X 0. 0. 0. BOARD MEMBER X 0. 0. 0. (12) JAMES EASTHAM 1.00 0. 0. 0. BOARD MEMBER X 0. 0. 0. (13) CHARLES HUBER X 0. 0. 0. BOARD MEMBER X 0. 0. 0. <	(3) CAROL S DODSON	1.00									
(4) JOSEPH SILEK	TREASURER		X		Х			1	0.	0.	0.
SECRETARY X		1.00									
S MELANIE BARBER	SECRETARY		X		X				0.	0.	0.
VICE PRESIDENT		1.00									
DEVELOPMENT CHAIR X	VICE PRESIDENT		X		X				0.	0.	0.
DEVELOPMENT CHAIR X	•	2.00									
1.00 Name Name	DEVELOPMENT CHAIR		X						0.	0.	0.
(8) THOMAS E. PATTESON, III 1.00 BOARD MEMBER X (9) SUE ANN FOX 1.00 BOARD MEMBER X (10) MARK BOWER 1.00 BOARD MEMBER X (11) R. MARK JORDON 1.00 NOMINATING CHAIR X (12) JAMES EASTHAM 1.00 BOARD MEMBER X (13) CHARLES HUBER 1.00 BOARD MEMBER X (14) JEANIAN CLARK 1.00 BOARD MEMBER X (15) GEORGE KARNES 1.00	•	1.00									
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BOARD MEMBER O. O. O. O.	(15) GEORGE KARNES	1.00]								
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ENDOWMENT, INC

1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable		(A) Name and title	hours per (do not c box, unle officer an		Average ours per week (do not check more than one box, unless person is both an officer and a director/trustee) list any ours for related anizations in the control of the			ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensation from the organization and related organizations			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	 -		mie)	Pul	sul	₹ .	(e)	Hic	호						_
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No			 			-	-				· · · · · · · · · · · · · · · · · · ·				_
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No				-					 		 				_
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No															_
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No															_
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No															_
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No				_			ļ								_
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No						_	_		ļ 						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No				<u>.</u>											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No Jid the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization from the organization from the organization is tax year 2. Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is from the or	С	Total from continuation sheets to Part	VII, Section A						>	0.		0.		0) .
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation form the organization of services.		Total number of individuals (including bu		nose	list	ed a	bov	e) wl	no r		0,000 of reportable				0
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) None None Pescription of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization of compensation from the organization of compensation from the organization of compensation of compensation from the organization of compensation of compensation of compensation from the organization of compensation of comp	3	Did the organization list any former office	er, director, or tro	uste	e, ke	ey er	mpk	oyee	or	highest compensated e	mployee on	Γ	Y	es N	0
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	4	·			omp	ens	atioi	n and	d ot	her compensation from	the organization	-	3		
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	5										idual for services	}	4	7	<u> </u>
the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	Sec		omplete Schedui	le J	for s	<u>uch</u>	per	son					5		<u>-</u>
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	1											ensa	tion fro	m 	
\$100,000 of compensation from the organization			ss address	N	ON:	E_					services	Co		ation	
\$100,000 of compensation from the organization			· · · · · · · · · · · · · · · · · · ·												
\$100,000 of compensation from the organization									_						
\$100,000 of compensation from the organization										<u></u>					_
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization			.,.,.,.,												
				not I	ımıte	ed to	the	ose li O	sted	above) who received r	nore than		O	00 /00:	

Form 990 (2016) ENDOWMENT, INC
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response or	note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
हे हे		Federated campaigns	1a	·		TOVETING	1340100	312-314
E H	b		1b					
S E	c	F	1c	20,455.				
業を	_	Related organizations	1d					
S, C	е	Government grants (contribut						
r Si	f	All other contributions, gifts, gran		-				
돌		similar amounts not included abo	1 1	22,988.				ļ
달의	g	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			43,443.			
			В	usiness Code				
9	2 a	·						
e Ķ	b							
S DI	c	·						
ran eve	d	I						
Program Service Revenue	е							
<u>-</u>	f	All other program service reve	enue					
_	9	Total, Add lines 2a-2f				<u> </u>		
	3	Investment income (including	dividends, interes	t, and				00 704
		other similar amounts)		>	<u>29,784.</u>			29,784.
	4	Income from investment of ta	x-exempt bond pro	oceeds 🕨				
1	5	Royalties						<u> </u>
			(ı) Real	(II) Personal				
		Gross rents						
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		() 011				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	82,324.					
	Ľ	Less. cost or other basis	64 006					
		and sales expenses	64,996.					
		Gain or (loss)	17,340.	•	17,328.			17,328.
		d Net gain or (loss) a Gross income from fundraisir	a avente (not		17,520.			17,320.
ы	8 6	including \$20,4	155 of					
Ver		contributions reported on line						
æ		Part IV, line 18	a	6,800.				
Other Reven	,	Less direct expenses	ь	5,729.				Ì
ō		Net income or (loss) from fun	L	D	1,071.	,		1,071.
		a Gross income from gaming a						
		Part IV, line 19	a					
	ı	b Less direct expenses	b					
		Net income or (loss) from gar	ning activities					
		a Gross sales of inventory, less						
		and allowances	а					
	ı	b Less cost of goods sold	ь				i	
		c Net income or (loss) from sale	es of inventory	>				
		Miscellaneous Reveni		Business Code				
	11 8	MISCELLANEOUS		900099	199.	,		199.
	i	b						
	(c						
	(d All other revenue						
		e Total. Add lines 11a-11d		>	199.		ļ	
	12	Total revenue See instructions.		<u> </u>	91,825	0.). <u>48,382</u> .

Form 990 (2016) ENDOWMENT, INC
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respons		this Part IX	(0)	(5)
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	38,822.	38,822.		
2	Grants and other assistance to domestic	İ			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		}		
	trustees, and key employees				
6	Compensation not included above, to disqualified		Ì		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,500.		3,500.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	336.		336.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				<u> </u>
С	Accounting				·
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	6,983.		6,983.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	704.		704.	· ·
12	Advertising and promotion	442.		442.	
13	Office expenses	2,383.		2,383.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<u></u>
22	Depreciation, depletion, and amortization		······		·
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BUSINESS EXPENSE	230.		230.	<u> </u>
b	FOREIGN TAXES	147.		147.	
С					
d					
е	All other expenses			1	
<u>25</u>	Total functional expenses Add lines 1 through 24e	53,547.	38,822.	14,725.	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)			1	

Form 990 (2016)
Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	9,269.	1	8,416.
	2	Savings and temporary cash investments	306.	2	6,146.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	<u> </u>	4	
	5	Loans and other receivables from current and former officers, directors,	j	[
	}	trustees, key employees, and highest compensated employees. Complete	}	}	
	Ì	Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined unc	ler	{ {	
	}	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute	ting	} }	
	}	employers and sponsoring organizations of section 501(c)(9) voluntary	ţ:	1	
ţ	}	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	ţ		
	}	basis Complete Part VI of Schedule D 10a		} }	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	<u> </u>	11	
	12	Investments - other securities See Part IV, line 11	766,876.	12	816,779.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	<u> </u>	14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	776,451.	16	831,341.
	17	Accounts payable and accrued expenses	504.	17	1,338.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees	,	} }	
≋	ł	key employees, highest compensated employees, and disqualified persons	}	1 1	
Liabilities	1	Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		} }	
	į	parties, and other liabilities not included on lines 17-24). Complete Part X of		1 1	
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	504.	26	1,338.
	1	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐X☐ ar	nd		
Ses	}	complete lines 27 through 29, and lines 33 and 34.	555 045		000 000
auc	27	Unrestricted net assets	775,947.	$\overline{}$	830,003.
Bal	28	Temporarily restricted net assets		28	
P _L	29	Permanently restricted net assets	¬	29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ∟	- ' ∣	1 1	
S OF		and complete lines 30 through 34.	}	_	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	ļ	30	
	31	Paid in or capital surplus, or land, building, or equipment fund	 	31	
	32	Retained earnings, endowment, accumulated income, or other funds	775 045	32	020 002
	33	Total net assets or fund balances	775,947.	33	830,003.
	34	Total liabilities and net assets/fund balances	776,451.	34	831,341. Form 990 (2016)

Form **990** (2016)

	990 (2016) ENDOWMENT, INC	54-171	7971	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		0.1	025
2	Total expenses (must equal Part IX, column (A), line 25)	1		,825.
3		2		,547.
3 4	Revenue less expenses Subtract line 2 from line 1	3		,278.
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		770
5	Net unrealized gains (losses) on investments	5		<u>,778.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
Da	column (B))	10	830	,003.
Га	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		1.	
	Assessment of the second secon		<u> </u>	Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		1	
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	e basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	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 in Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. **Employer identification number**

WARREN COUNTY EDUCATIONAL

OMB No 1545-0047

Open to Public Inspection

54-1717971 ENDOWMENT. TNC Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (I) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN in your gove rning document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 ENDOWMENT, INC

54-1717971 Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 10,963. 39,138. 36,573. 32,943. 43,443. 163,060. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 10,963. 39,138. 36,573. 32,943. 43,443. 163,060. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 163,060. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 10,963. 39,138. 36,573. 32,943. 43,443. 163,060. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 34,294. 27,858. and income from similar sources 57,122. 39,389. 29,784. 188,447. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 351,507. 12 Gross receipts from related activities, etc (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 46.39 14 40.60 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990 or 990-EZ) 2016

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2015 Schedule A, Part III, line 17 % 18 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV | Supporting Organizations

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

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_	<u> </u>	
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		ļ <u></u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	ł		
	(b) and (c) below	3a	<u> </u>	<u> </u>
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	<u>3</u> b_	ļ	<u> </u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	l		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c_	ļ	ļ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a_	ļ	Ļ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	ļ		
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	į		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	<u> </u>	<u> </u>
С	Did the organization support any foreign supported organization that does not have an IRS determination			İ
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	1	}	1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c_	ļ	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	}	1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	 	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c	 	┼
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	ļ		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	ļ		
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	1		Ì
	Part VI.	6_	┼	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			1
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	<u> </u>		
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	 	+
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8_	-	+
9а	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	-		ì
4.	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a_	+	+
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	AL.		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	+	+-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	0-		
40.	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	+	+-
ıva	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	40-		1
L	supporting organizations)? If "Yes," answer 10b below.	10a	1	+
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ı		1

determine whether the organization had excess business holdings)

	edule A (Form 990 or 990-EZ) 2016 ENDOWMEN'T, INC 54-1/	1/9/	⊥ Pa	<u>ge 5</u>
Pa	rt IV Supporting Organizations (continued)		7	
	Lieu Alexandre de Caracteria d		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		,	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	445	Ì	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	ال ا	
<u>3ec</u>	tion B. Type I Supporting Organizations		Vac	No.
	Did the discrete have been been been been been been been be		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		: }	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		{	
	controlled the organization's activities. If the organization had more than one supported organization,		ĺ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		}	ı
_	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			ì
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
~~~	supervised, or controlled the supporting organization.	2	لــــا	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		}	ļ
<u></u>	the supported organization(s)	1	ا ــــــــــــــــــــــــــــــــــــ	L
Sec	tion D. All Type III Supporting Organizations			
	Did the appropriate and the second of the second of the second of the second of the second of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		}	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		}	l
	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	<del> </del>	<del> </del>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		}	ļ
	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	<del> </del>	<del> </del>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	{	}	{
	significant voice in the organization's investment policies and in directing the use of the organization's		}	}
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
Sac	supported organizations played in this regard	3	<u>.                                    </u>	L
	ction 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 yea(see instructions).			
a				
b			<b>.</b> 1	
C		ructions	$\overline{}$	T
2	Activities Test Answer (a) and (b) below.		Yes	No
а		ļ	Ì	ļ
	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,	}	1	}
	how the organization was responsive to those supported organizations, and how the organization determined		}	
	that these activities constituted substantially all of its activities	2a	<del> </del>	<del> </del>
р		1	1	1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	}	1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		1
_	activities but for the organization's involvement.	2b		+
3	Parent of Supported Organizations. Answer (a) and (b) below.	}	1	
а		_	1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	+	+
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	٠. ا	1	1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	

Sche	edule A (Form 990 or 990-EZ) 2016 ENDOWMENT, INC			54-1717971 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain ir	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion 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		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 035	6	****	
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting of	rganization (see

instructions)

	dule A (Form 990 or 990-EZ) 2016 ENDOWMENT, IN	1C		54-1717971 Page	7
Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)		
Secti	ion D - Distributions			Current Year	
1_	Amounts paid to supported organizations to accomplish ex	empt purposes	<del> </del>		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			<u></u>	_
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	18		_
4	Amounts paid to acquire exempt-use assets				
5	Qualified set aside amounts (prior IRS approval required)				_
6	Other distributions (describe in Part VI). See instructions				
7_	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which	the organization is responsive	е		
	(provide details in Part VI) See instructions				
9	Distributable amount for 2016 from Section C, line 6	······································			
10	Line 8 amount divided by Line 9 amount				
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable	
Secti	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016	
1	Distributable amount for 2016 from Section C, line 6				_
2	Underdistributions, if any, for years prior to 2016 (reason-				_
	able cause required- explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2016.				_
a					
b					_
	From 2013				
	From 2014				
	From 2015				_
	Total of lines 3a through e				_
	Applied to underdistributions of prior years				_
	Applied to 2016 distributable amount				_
	Carryover from 2011 not applied (see instructions)				
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.				_
4	Distributions for 2016 from Section D,				
	line 7 \$				
a	Applied to underdistributions of prior years				
	Applied to 2016 distributable amount				
c	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2016, if				
	any Subtract lines 3g and 4a from line 2 For result greater				
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2016 Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI See instructions				
7	Excess distributions carryover to 2017. Add lines 3j				
	and 4c				
8	Breakdown of line 7.				
a					
b	Excess from 2013				
c	Excess from 2014			·	_

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015 e Excess from 2016

Schedule A	Form 990 or 990-EZ) 2016 ENDOWMENT, INC 54-1/1/9/1 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)
<del></del>	

### SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

WARREN COUNTY EDUCATIONAL INC

ENDOWMENT.

**Employer identification number** 54-1717971

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2016

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

	dule D (Form 990) 2016 ENDOWMEI							<u>54-17</u>			_{је} 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tre	easures, or O	her S	Simil	ar Asset	ts(continu	ıed)	
3	Using the organization's acquisition, accession	on, and other record	ds, check a	any of the f	following that are	a signi	ficant	use of its	collection	ıtems	
	(check all that apply)										
а	Public exhibition	d	<b>:</b>	an or exch	nange programs						
b	Scholarly research	е	o	:her							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how the	y further th	e organization's e	exempt	t purpo	ose in Part	XIII		
5	During the year, did the organization solicit or	receive donations	of art, hist	orical treas	sures, or other sim	ıılar as	sets		-		
	to be sold to raise funds rather than to be ma							L	Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the o	rganization	n answered "Yes"	on Fo	rm 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21			<del></del>						
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for co	ontribution	s or other assets	not inc	luded		7		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing tal	ole							
							-		Amount		
	Beginning balance						1c				
d	Additions during the year						1d_	<del></del>			
е	Distributions during the year						1e_				
f	Ending balance						_1f	<del></del>			
	Did the organization include an amount on Fo						?		」 Yes	$\vdash$	No
	If "Yes," explain the arrangement in Part XIII										—
Par	t V Endowment Funds. Complete if						Th		4 ) [		
	-	(a) Current year	(b) Pri	or year	(c) Two years bac	<u>k (d)</u>	Three	years back	(e) Four	years b	ack_
1a	Beginning of year balance					-					
b	Contributions		-								
C	Net investment earnings, gains, and losses				·						
d	Grants or scholarships				<u> </u>						
е	Other expenditures for facilities		ĺ		 						
_	and programs	<del>-</del>									
Ť	Administrative expenses	<del></del>	<del> </del>		· · · · · · · · · · · · · · · · · · ·						
g	End of year balance				\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	L					
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g,	column (a	)) neid as.						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c shot	•		م اسلما مید		a	~~~~	-at.an			
Sa	Are there endowment funds not in the posse	ssion of the organiz	ation that	are nelo a	na administerea i	oi trie	organi	ZaliOII	Г	Yes	No
	(i) unrelated organizations								3a(i)	165	140
	(ii) related organizations								3a(ii)	<del></del>	
h	If "Yes" on line 3a(ii), are the related organiza	tione lietad se raqui	ired on Sc	hadula R2					3b	-+	
4	Describe in Part XIII the intended uses of the	·							<u> </u>		
_	rt VI Land, Buildings, and Equipm		OWITIOTIC	1103	<del></del>	_					
	Complete if the organization answered		0. Part IV.	line 11a S	See Form 990. Pai	t X. lın	e 10.				
	Description of property	(a) Cost or o					umulat	ed	(d) Book	value	
	boomphon or proporty	basis (investi			(other)	•	ciation		(=, ===		
	Land				<del></del>						
	Buildings				<del></del>						
	Leasehold improvements										
	Equipment				-   -						
	Other										
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, columi	n (B), line 1	(Oc)						0.

Schedule D (Form 990) 2016

Schedule E	(Form 990) 2016 ENDOWMENT,	INC	54-	-1717971 Page 3
	Investments - Other Securities.			
	Complete if the organization answered "Yes			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-	of-year market value
-	ial derivatives			
	held equity interests			
(3) Other	ADVERTADI E GEGINTETE	016 770	END OF VEND WARVER	773 T 775
	ARKETABLE SECURITIES	816,779.	END-OF-YEAR MARKET	VALUE
(B) (C)				
(C) (D)	<del></del>	<del> </del>		<del></del>
(E)				
(F)				<del></del>
(G)				
(H)				
Total. (Col.)	(b) must equal Form 990, Part X, col (B) line 12.)	816,779.		
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes	on Form 990, Part IV, line	11c See Form 990, Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-	of-year market value
(1)				
(2)				
(3)		<u> </u>		
(4)				
(5)				
(6)				
(7)	<del></del>			
(8) (9)				<del> </del>
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX		. <del> </del>		
L	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
		) Description		(b) Book value
(1)				
_ (2)				
(3)				
(4)				
(5)	<del></del>			
(6)				<del></del>
(7)				
(8)		····		
<u>(9)</u>	(h) (h) (5 000 B-+V (7) (	45 \		<del></del>
Part X	umn (b) must equal Form 990, Part X, col. (B) li Other Liabilities.	ne 15 )		
_	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	
1.	(a) Description of liability		(b) Book value	
(1) Fe	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)			<del></del>	
(7)				
_ (8)				

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

54-1717971 Page 4 Schedule D (Form 990) 2016 ENDOWMENT. INC Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4h c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

# SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

■ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. WARREN COUNTY EDUCATIONAL

**Employer identification number** 

Schedule G (Form 990 or 990-EZ) 2016

Name of the organization 54-1717971 ENDOWMENT, INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations С In person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or . No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

54-1717971 Page 2 Schedule G (Form 990 or 990-EZ) 2016 ENDOWMENT, INC 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 (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col (a) through GOLF col (c)) (total number) (event type) (event type) Gross receipts <u> 27,255</u>. 27,255. 2 Less Contributions 20,455 <u> 20,455.</u> 6,800 6,800. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 729. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities _ Yes a is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 ENDOWMENT , INC 5	4-17	<u> 1179</u>	71	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es	☐ No
	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?		Y	es	☐ No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	- 1	13a		%
		}			<del></del>
	An outside facility	L	13b [		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	ı,			
	Name				
	Address ►	·			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			es	☐ No
b	off "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt			
	of gaming revenue retained by the third party > \$				
C	: If "Yes," enter name and address of the third party.				
	Name				
	Address >				
16	Gaming manager information				
	Name ▶				
	Gaming manager componenties • •				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
	a is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Πv	es	No
	<ul> <li>Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in</li> </ul>	tho			
Ĺ		ti io			
Do	organization's own exempt activities during the tax year  \$\int IV  \text{Supplemental Information.}  Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III.			h 10	\h 15h
Pe		art 111, 111	es 9, 9	ים, ונ	, מכו, מע
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions				
					<del> </del>
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Part IV	(Form 990 or 990-EZ)  Supplemental Infor	ENDOWME	PML' TM	<u>U</u>			54-1/1/9/1	Page 4
raitiv	Supplemental infor	mation (cont	inuea)			<del></del>		<del></del>
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SCHEDULE (Form 990)

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

OMB No 1545-0047

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

THOSE CALC DATE GIAIO	2016	Open to Public

Employer identification number

Inspection

54-1717971

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

WARREN COUNTY EDUCATIONAL

Name of the organization

Department of the Treasury Internal Revenue Service General Information on Grants and Assistance

Part

ENDOWMENT, INC

1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance, and the selection	records to substantiate	tne amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the select	tion X Vas	\ \frac{4}{2}
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ation's procedures for mo	nitoring the use of grant	funds in the United	d States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	tance to Domestic Orga	inizations and Domesti	c Governments. C	omplete if the org	anization answered "Y	es" 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	ore than \$5,000. Part II c	an be duplicated if addit	ional space is need	Jed				
1 (a) Name and address of organization or government	nzation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
WARREN COUNTY PUBLIC SCHOOLS							CASH GRANTS TO PURCHASE	SE
210 NORTH COMMERCE AVENUE FRONT ROYAL. VA 22630	54-6001663		38 822	C	Очикв		LEARNING TOOLS & SUPPORT	ORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	01(c)(3) and government anizations listed in the lin	organizations listed in the	ie line 1 table					
1	t Notice, see the Instru	ctions for Form 990.					Schedule I (Form 990) (2016)	(2016)

Schedule I (Form 990) (2016) ENDOWMENT, INC

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

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

Page 2

54-1717971

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	dditional information	
PART I, LINE 2:					
ALL RECIPIENTS SIGN A GRANT AGREEMENT		ONFIRM THA	T ALL GRAN	TO CONFIRM THAT ALL GRANT MONEY WILL	
BE USED SPECIFICALLY FOR THE PURPOSES		ED IN THE	STATED IN THE GRANT APPLICATION	ICATION AND	
NO MONEY WILL BE USED FOR THE APPLICANT'S	ICANT'S	PERSONAL BENEFIT.		THE	
ORGANIZATION ALSO MAINTAINS FOLLOW-UP	}	THANK YOU NOTES	S FROM GRANT	TN	
RECIPIENTS. APPLICANTS MUST KEEP	A RECORD	CORD OF EXPENDITURES	- 1	AND THE	
ORGANIZATION CAN INSPECT THE RECORDS	DS AT ANY	Y GIVEN TIME.	ME. AT THE	E CONCLUSION	
OF THE PROJECT, THE APPLICANTS SHALL SUBMIT	TE SUBMI		A WRITTEN REPORT TO	O THE GRANTOR	
CONCERNING THE PROJECT AND ITS EFF	EFFICACY.	30			Schedule I (Form 990) (2016)

# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection WARREN COUNTY EDUCATIONAL Name of the organization Employer identification number

ENDOWMENT, INC	54-1717971
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE TAX RETURN IS GIVEN TO THE ORGANIZATION PR	IOR TO FILING FOR
REVIEW AND SIGNATURE.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS TAX RETURN AVAILABLE UPON REC	QUEST AND ON THE
WWW.GUIDESTAR.ORG WEBSITE.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILAR	BLE ONLY BY REQUEST.
ORGANIZATION DOES NOT HAVE A CONFLICT OF INTEREST POLICY	7.