ALVO NEWRISON & 2322340 & JUN 26 2013 SCANNED CAUG 1 27819 90 9

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

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

_															
A	For the	2017 calendar year, or tax year beginning July 1 , 2017, and end	ng Jui	ne 30	, 20 18										
В	Check if a	applicable C Name of organization Westchester Country Day Endowment		D Employ	er identification n	umber									
	Address of	change Doing business as			58-1518268										
	Name cha	ange Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telepho	ne number										
	Initial retu	rn 2045 N Old Greensboro Road			(336) 869-2128										
	Final return	Vierminated City or town, state or province, country, and ZIP or foreign postal code													
	Amended	return High Point, NC 27265		<b>G</b> Gross re	eceipts \$	739,485									
	Application	on pending F Name and address of principal officerCobb Atkinson	H(a) Is this a g	roup return for	subordinates? Tyes	₃ ☑ No									
		2045 N Old Greensboro Road, High Point, NC 27265	H(b) Are all	subordinate:	s included? 🔲 Yes	s 🗌 No									
1	Tax-exem				a list (see instruction										
J	Website:	90	H(c) Group	exemption	number 🕨										
K	Form of o	rganization	ation 1983	M State	of legal domicile	NC									
P	art I	Summary				•									
	1	Briefly describe the organization's mission or most significant activities The E	ndowment pr	ovided											
e	;	\$119,881to Westchester Country Day School													
Activities & Governance			DEGE	MED											
èп	2	Check this box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	25% of	ւեs րբլ assets.											
õ		Number of voting members of the governing body (Part VI, line 1a)		3		6									
<b>∞</b>	1	Number of independent voting members of the governing body (Part VI, line 3)	MAY.1.	6 2049	131	6									
ies	1	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	[ [ [ ] ]	5	- 182 - 182	0									
Ž		Total number of volunteers (estimate if necessary)		6,4	T	0									
Act		Total unrelated business revenue from Part VIII, column (C), line 12	OGDE	N 73											
	1	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b		0									
	1	<u>-</u>	Prior Y	ear	Current Y	ear									
d)	8	Contributions and grants (Part VIII, line 1h)		0		0									
Revenue		Program service revenue (Part VIII, line 2g)		0		0									
eve	1	Investment income (Part VIII, column (A), lines 3, 4, and 7c		220,337		154,475									
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,649		,									
	ł	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		229,986		154,475									
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		135,145		119,881									
		Benefits paid to or for members (Part IX, column (A), line 4)		0	0 (										
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0		0									
ıse	1	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>												
Expenses		Total fundraising expenses (Part IX, column (D), line 25) ▶	on the Brillian		and the state of the state of	anda ngar 15									
ŭ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,652		22,052									
	1	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		156,797		141,933									
	1	Revenue less expenses. Subtract line 18 from line 12		73,189		12,542									
es			Beginning of Cu		End of Ye										
sets or	20	Total assets (Part X, line 16)		2,760,808		2,773,350									
ASS	21	Total liabilities (Part X, line 26)		0		0									
Net Ass Fund Ba	22	Net assets or fund balances. Subtract line 21 from line 20		2,760,808		2,773,350									
P	art II	Signature Block													
Un	der penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to t	he best of n	ny knowledge and	belief, it is									
tru	e, correct,	and complete Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	edge											
				3/	3/19										
Się	gn	Signature of office	Da	te	<i>D</i> , .										
He	ere	1 (Cobs Attained Head of School	t												
		Type or print name and title													
Pء	nid	Print/Type preparer's name Preparer's signature	Date	Check	T If PTIN										
	eparer			self-emp											
	se Only		Firm	n's EIN ▶											
_		Firm's address ▶		ne no											
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			. Yes	s 🔲 No									

Form 9	90 (2017)		Page <b>2</b>
Part		ce Accomplishments a response or note to any line in this Part	
1	Briefly describe the organization's mis		
		educational institution	
2	prior Form 990 or 990-EZ?		which were not listed on the
3		on Schedule O. ting, or make significant changes in how	ıt conducts, any program □ Yes ☑ No
4		service accomplishments for each of its throc)(4) organizations are required to report the	ree largest program services, as measured by e amount of grants and allocations to others,
4a	(Code ) (Expenses \$	119,881 including grants of \$	) (Revenue \$ \gamma \)
		Day School to support operations.	
	· f		
4b	(Code) (Expenses \$	including grants of \$	) (Revenue \$)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
		•••••	
	Other programme (C)	ahadala O )	
4d	Other program services (Describe in S (Expenses \$ including	chedule O.) grants of \$ (Revenue \$	)
4e	Total program service expenses ▶	119 881	



Form 9	90 (2017)		ノ	Page
Part	IV Checklist of Required Schedules		,	
4	le the organization described in each on E01(a)(a) or 4047(a)(1) (abbut the end of conditions)(2 (6 (i))(a)	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<b> </b> ✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a	- 1 the digentation maintain an office, or projects, or agents database of the office diates:	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>▼</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes." complete Schedule G. Part II	10		

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

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		,	
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>✓</b>	├
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			١,
00		22	<u> </u>	✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated	1		1
	employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than-			<del>Ľ</del>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K If "No," go to line 25a	24a		1
b		24b		1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			Ť
	to defease any tax-exempt bonds?	24c		1
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			١,
	If "Yes," complete Schedule L, Part I	25b		<b>/</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			İ
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<del>  •</del>
£1	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 III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		7
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			Ť
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<b>-</b>
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del>                                     </del>		_
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
35a	or IV, and Part V, line 1	34	✓	
ooa b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
U	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	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		_
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			ı
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		✓

<u>P</u> art	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	Å,	ľ.	1986 T
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			\$3. \$3.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	298	****	2.7
•	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	ļ.,-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		100	in it
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	2-12	4	- XVIII
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		499000
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	-2-		
_	_Did-the-organization-have-unrelated-business-gross-income-of-\$1;000-or-more-during the year?	3a 3b	<del> </del> -	\ <u>\</u>
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		<b>V</b>
<del>-</del> 7a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		٠	-
	account)?	4a	ļ	1
b	If "Yes," enter the name of the foreign country: ▶	res	10 Y 27	3000
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	100		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	_	. ✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		200	200
_	and services provided to the payor?	7a	<del>  -</del>	<b>/</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>,</b> ,		١,
ч	·	7c	3/W42	<b>V</b>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e`		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del></del> -	<b>                                     </b>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		100	
	sponsoring organization have excess business holdings at any time during the year?	8		<b>√</b>
9	Sponsoring organizations maintaining donor advised funds.	213	Vijere in . Vijere in i	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>✓</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter		É.	
а	Initiation fees and capital contributions included on Part VIII, line 12		V.C	13.5
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		35 26 12 13	
120		120		×8+276
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a	<b>*</b>	VC1862)
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	3584 68	100000000
a	Note. See the instructions for additional information the organization must report on Schedule O	a	1 ( )	242
b	Enter the amount of reserves the organization is required to maintain by the states in which	¥.,		
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			30
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
h	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		

Form 9	90 (2017)		Page <b>6</b>
Part			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ınstı	ructions
Socti	Check if Schedule O contains a response or note to any line in this Part VI	•	
Seci	on A. Governing body and Management	<del></del>	Yes No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
, b 2	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or-key employee?	2	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<b>-</b>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	4 5 6	<i>I I I I I I I I</i>
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	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	<b>-</b> ✓
9 9	Each committee with authority to act on behalf of the governing body?  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	8b 9	<b>→</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revent	ue Coo	
		Y	Yes No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>/</b>
b 12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>1</b>
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 14 15	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	13 14	\frac{1}{4}
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>/</b>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<b>1</b> ✓
	organization's exempt status with respect to such arrangements?	16b	99-148 111
	on C. Disclosure		
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available.	501(c)(	(3)s only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte financial statements available to the public during the tax year	rest po	olicy, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec Wade Shigo, WCDS, 2045 N Old Greensboro Road, High Point, NC 27265	ords >	<b>•</b>

Form	$\alpha \alpha \alpha$	(201	71
וווזט־	390	1201	,,

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

Chec	k if Schedule (	O contains a respo	onse or note to ar	y line in this	Part VII .					

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

□ Check this box if neither the organization no	r any relate	d org	anız	atıc	on c	ompe	ensa	ited any currer	it officer, directo	r, or trustee.
-					C)					
(A)	(B)	(B) Position							(E)	(F)
Name and Title	Average					e than o		(D) Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation from	amount of
	week (list any		_		<del></del>		<del></del>	from	related	other
	hours for related	호호	E	Officer	ę	39	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	G	듩	먝	<u>#</u>	est o	₫	(W-2/1099-MISC)	(44-2/1099-14113C)	organization
	below dotted	유	<u>ă</u>		Key employee	<sup>e</sup>				and related
•	line)	Individual trustee or director	훒	l	e	per				organizations
		ı ığ	Institutional trustee			Highest compensated employee				
			L.	<u> </u>	_	_ <u>a</u>				
(1)	i			İ						
(1) Greg York	1	,								
2045 N Old Greensboro Road, High Point, NC	ļ	✓		<u> </u>		<u> </u>	_	0	. 0	0
(2) Kevin Harron	11									
2045 N Old Greensboro Road, High Point, NC		<b>✓</b>		L.				0	0	0
(3) Jamie Collins	1 1						ĺ			
2045 N Old Greensboro Road, High Point, NC		<b>\</b>						o	0	0
(4) Doug Muir	1									<u> </u>
2045 N Old Greensboro Road, High Point, NC		✓						lo	o	0
(5) Terry Seakes	1									-
2045 N Old Greensboro Road, High Point, NC	T	1						o	o	0
(6) Jaree Todd	1							3		
2045 N Old Greensboro Road, High Point, NC	†i	1	Ì	•				o	0	0
(7)		-	-					J		<u>_</u>
-X-1	<u> </u>									
(8)										
	†									
(9)										•
	·									
(10)				_			_			
32.77										
(11)							_			
31.17	···									
(12)				_			_		-	
(12)										
(13)	<del>                                     </del>	-								
(13)	<del> </del>	j		- }						
(4.4)	<del></del>			$\dashv$			-			
(14)	<b> </b>									
	1 :									

Part	VII. Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (	continu	ued)	_
	/A)	(D)			•	C) lition			(5)			<b>(5</b> )	
	(A)  Name and title	(B) Average			neck	more	e than e		(D) Reportable	(E) Reportab	sla	, (F) Estimated	
	Harris and the	hours per					is both or/trus		compensation	compensation	n from	amount of	
		week (list any hours for		T T	_			<u> </u>	from the	related organization		other compensation	
		related	Individual trustee or director	Institutional trustee	Officer	Key employee	ploy	Former	organization	(W-2/1099-N		from the	
		organizations below dotted	함	ona		횽	e c	-	(W-2/1099-MISC)			organization and related	
		line)	rust	1		yee	n pe					organizations	
			8	stee			Highest compensated employee					•	
(4.5)			<del> </del>			_	ä						
(15)		<del>                                     </del>	ł						,				
(16)				<u> </u>	╂─	<u> </u>		$\vdash$			+		—
3::-7/	· <del>·</del>	<b>†·····</b>	1						-				
(17)									Ī				_
			İ								Ì		
(18)												-	
								_					_
(19)		<b>_</b>	[		ŀ	ŀ							
		ļ						_		_			
(20)		<b></b>	ł										
(21)			<u> </u>		-			┢					_
3=:7	······										l		
(22)													_
(23)													
(24)		<b></b>											
<del>(0=)</del>				Ш									
(25)		<b></b>											
1b	Sub-total	L						<u> </u>					_
C	Total from continuation sheets to Part	VII Section	nΔ	•	•	•							_
_	Total (add lines 1b and 1c)					٠.	•	<b>•</b>					_
2	Total number of individuals (including but					ed a	above	e) w	ho received mo	ore than \$1	00.000	) of	_
	reportable compensation from the organi	zation ►				-		,			00,000		
	•	•											lo
3	Did the organization list any former of							mp	loyee, or high	est compe	nsated		
	employee on line 1a? If "Yes," complete \$									•		3 🗸	
4	For any individual listed on line 1a, is the											*	-
	organization and related organizations individual	greater tha	ולב חוב	50,	UUU	7 11	"Yes	s, "	complete Sch	eaule J to	r such		
5	Did any person listed on line 1a receive o	r accrue cc	Smpar	neat	ıon	fror	ກ່ານ	יחוו	related organiz	ation or inc	Ivadusi	4 /	
•	for services rendered to the organization?										iiviuua	5	7
Section	on B. Independent Contractors								,	-		<b>_\</b>	_
1	Complete this table for your five highest of	compensate	ed inc	depe	ende	ent o	contra	acto	ors that receive	d more tha	n \$100	0.000 of	_
	compensation from the organization. Rep	ort comper	nsatio	n fo	or th	е са	alend	ar y	ear ending wit	h or within t	the org	janization's tax	
	year												
	(A)								(B)			(C)	
	Name and business add	ress ————							Description of se	ervices		Compensation	
	<del>-</del>	<del></del>											
									<u> </u>				_
									<u> </u>				_
				_					·	<del></del>			_
2 .	Total number of independent contracto	rs (includin	ıa bu	t no	ot l	mite	ed to	th	ose listed abo	ve) who	1 Poly	5) 99 (27 - 198)	8,1
	received more than \$100,000 of compensations	ation from t	he or	gani	zatı	on 🕽	<b>&gt;</b>			,			ار ار

Par	t-VIII-	Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII											
b. of above.		Check if Schedule C		<u> </u>									
(大) (大) (大) (大) (大) (大) (大) (大) (大) (大)						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Grants nounts	1a	Federated campaigns	s.,	1a									
3ra Iou	b	Membership dues		1b									
S, A	c	Fundraising events		1c									
Gifts, ilar 4,	d	Related organizations	3	1d				10.00					
is, (	e	Government grants (cor	ntributions)	1e									
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g	ifts, grants,										
<u>- 5</u> -£-		_and similar-amounts-not-inc	luded above-	-1f-									
늘	g	Noncash contributions include	ded in lines 1a	-1f \$									
<u>වූ ළ</u>	h	Total. Add lines 1a-1	f	•	. •		JAN 1866		<b>14</b>				
Program Service Revenue		- · ·	*		Business Code								
Λe.	2a												
8	b						1						
je Je	С		•										
Sen	d			····· [			_						
Ē	е												
gc	f	All other program sen	vice revenu	ie .					P.				
2	g	Total. Add lines 2a-2	f		. •			. <b>.</b>					
	3	Investment income		divide	nds, interest,								
		and other similar amo	ounts)	•	· • • • • • • • • • • • • • • • • • • •	65,380	,		65,380				
	4	Income from investmen	t of tax-exer	npt bo	nd proceeds ►								
	5	Royalties			🕨								
			(ı) Real		(ii) Personal			70.00					
	6a	Gross rents .						5 155 27					
	b	Less rental expenses											
	С	Rental income or (loss)				200 M							
	d	Net rental income or (	loss) .		<b></b>								
	7a	Gross amount from sales of	(i) Secunti	es	(II) Other			100					
		assets other than inventory	63	6,024									
	b	Less: cost or other basis						\$5.00 (TO \$1944)					
		and sales expenses	58	5,010			90						
	С	Gain or (loss) .	5	1,014			400 (B) (B) (B) (B) (B) (B) (B) (B) (B) (B)						
	d	Net gain or (loss) .	•	_	🕨	51,014	illial da Ahadilal illisso ossissiya ayasa	**************************************	51,014				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18		;). a									
푩	ь	Less direct expenses	,	. в									
O	c	Net income or (loss) fi		· L	events		群 : "		Links and the second of the second				
		Gross income from ga See Part IV, line 19	ımıng actıvıt	tica a									
	b	Less: direct expenses	<b>3</b>	. ь					ForeSUE A				
	С	Net income or (loss) fi			ities -								
*	10a	Gross sales of in returns and allowance		ess · a									
	b	Less cost of goods s	old	. b[					25 (27)				
	С	Net income or (loss) fr		f inve									
	/ Miscellanoous Rovanua Business Code				Water St.								
	11a	<b>Unrealized Capital Gair</b>	1	L		38,081			38,081				
	b			, L									
	C			L									
	d	All other revenue .	• •	. [		38,081	ngtunna <b>as</b> , appliarbinininana est anceas	· « « « « « « « « « « « « « « « « « « «	38,081				
	e	Total. Add lines 11a-			<u>•</u>								
	12	Total revenue. See in	structions			154.475			154,475 Form <b>990</b> (2017)				
									Form <b>990</b> (2017)				

# Part IX Statement of Functional Expenses

<u>Sec</u>	CHO	Check if Schedule O contains a respon			ns must complete c	olumn (A)
Do	no	t include amounts reported on lines 6b, 7b,	(A)	(B)	· · · · · · · · · · · · · · · · · · ·	· (D)
8b,	9b	, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	1 ;	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	119,881	119,881		
2	2	Grants and other assistance to domestic individuals' See Part IV, line 22			The second second	
3	3 -	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	-		alimant'i 300 - h Dimarti	mig 1 www.amun.
, 4 5	5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6		Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				i
7 8	3	Other salaries and wages . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	)	Other employee benefits  Payroll taxes				
	a b c	Management Legal Accounting Lobbying		(		
	e f	Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,052		22,052	
12 13 14 15 16 17 18	} ; ;	Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses				
19 20 21 22 23	) )	for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance				
24	a	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		All formation and College Control		
	q c p				,	
25	•	All other expenses  Total functional expenses. Add lines 1 through 24e				7
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)	141.933	119.881	22.052	-

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	434	1	0
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	160,318	4	85,615
	5	Loans and other receivables from current and former officers, directors,		(dioin )	inospinita espinipit intonominat.
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified porsons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	wante dan dan dan dan dan dan dan dan dan dan	nininiilii niiniiniilii Nemaali	Timbulanding 2000lang and an analysis of the community of
ίΩ		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or	E. M. S. S. S. S. S. S. C.		A Charles and we
		other basis Complete Part VI of Schedule D 10a			A PARAMETER STATE
	b	Less accumulated depreciation 10b	**************************************	10c	
	11	Investments—publicly traded securities	2,600,056		2,687,734
	12	Investments—other securities See Part IV, line 11		12	2,00.,,.0.
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15 `	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,760,808	16	2,773,350
	17	Accounts payable and accrued expenses		17	
	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	AMAZ AT APPEC MARKE MARKET AND AND A CHARLES AND	21	Control Carry Control and Carry Carr
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	2000 mm00000000000000000000000000000000
ت	23	Secured mortgages and notes payable to unrelated third parties .		23	,
	24	Unsecured notes, and loans payable to unrelated third parties	-	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ės		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets .	2,710,808	27	2,723,350
39	28	Temporarily restricted net assets	50,000		50,000
힏	29	Permanently restricted net assets	30,000	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here $ ightharpoonup$ and complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds	٠	30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	2,760,808	33	2,773,350
	34	Total liabilities and net assets/fund balances	2,760,808	34	2,773,350

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Onlin 3	50 (2011)			Page	3 12
Par	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		154,	,475
2	Total expenses (must equal Part IX, column (A), line 25)	2		141,	<u>,933</u>
3	Revenue less expenses Subtract line 2 from line 1	3		12,	,542
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,760,	,808,
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must_equal_Part_X,_line	-			
	33, column (B))	10		2,773,	<u>,350</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<del>.</del>	<u>Ц</u>
1	Accounting method wood to present the Saver 200.		\$\$\\Z#\\\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		No
ı	Accounting method used to prepare the Form 990.   Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," ex	<u></u>	- 17 西。	, 1	200
	Schedule O	ווו ווומוק			fig. (
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
La	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			<b>/</b>
	reviewed on a separate basis, consolidated basis, or both	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(A)	Z
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				沙
b	Were the organization's financial statements audited by an independent accountant?		2b		مسكتن
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate 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 or			-	
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın	1		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?	•	3a		<u>/_</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	<u>ıdıts</u>	3b		
			Form	990 (20	017)
	•				

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

0MB No 1545-0047

Open to Public Inspection

Name	Name of the organization							
		Day School Endown						518368
_				organizations mus				ons
1 2 3	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
4	hospital's n	ame, city, and stat	e:	onjunction with a hos				
5		ation operated for 0(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit described in
6 7	An organiza described ii	ation that normally n section 170(b)(1)	receives a subs		port fron			n the general public
8				)(1)(A)(vi). (Complete				
9	or university university	y or a non-land-gra	nt college of agr	d in <b>section 170(b)(1)</b> riculture (see instruction	ons). Ente	er the nar	ne, city, and state of	f the college or
10	receipts from support from acquired by	m activities related m gross investmen the organization a	to its exempt fu t income and un fter June 30, 19	e than 331/3% of its sinctions—subject to crelated business taxa 75. See section 509(a	ertain exi ble incon a)(2). (Co	ceptions, ne (less s mplete Pa	and (2) no more tha ection 511 tax) from art III )	n 331/3% of its
11				sively to test for publi				
12	of one or m	nore publicly suppo	orted organizatio	sively for the benefit on the described in <b>sect</b> ing sections in the support of support	ion 509(a	a)(1) or so	ection 509(a)(2). Se	e section 509(a)(3).
а	the supporti	ported organization ing organization. <b>Y</b> o	(s) the power to ou must comple	l, supervised, or contr regularly appoint or e ete Part IV, Sections	lect a ma	ajority of t	the directors or trust	ees of the
b	control organiza	or management of ation(s) You must	the supporting o complete Part I	sed or controlled in co organization vested in V, Sections A and C.	the same	e persons	that control or man	age the supported
c				ting organization oper				ally integrated with,
d	that is n	ot functionally integ	grated The orga	pporting organization nization generally mu omplete Part IV, Sec	st satisfy	a distribi	ution requirement an	
е	function	ally integrated, or T	ype III non-func	a written determination	on from ti oporting (	he IRS the organizat	at it is a Type I, Type ion	∍ II, Type III
f		ber of supported o						
<u>g</u>	(i) Name of suppor		(ii) EIN	orted organization(s).			[63.6may-1.1]	(-) A · · ·
	(i) Name of Suppor	ted organization	(ii) Eliv	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A) V	lestchester Coun	itry Day School, Inc.	56-0891598	2	<b>/</b>		119,881	0
(B)								 
(C)								
(D)								
(E)								
Tota	1						119,881	0

<u>Part</u>							
	(Complete only if you checked the Part III. If the organization fails to						alityunder
Secti	on A. Public Support	quality unde	i the tests is	sted below, p	lease comple	rie Fait III.j	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(2)	(2, 20.1)	(0, 20, 2			<u> </u>
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	<b>Total.</b> Add lines 1 through 3	i Market	-34.00.012767900000000000000000000000000000000000	(Africana			
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	814 SATE	<b>新兴</b> 例母語	/ 解析		A. III	
	on B. Total Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			,			
9 '	Net income from unrelated business activities, whether or not the business is regularly carried on						'
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					,	
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc			·		12	
13 	First five years. If the Form 990 is for the organization, check this box and stop he	ré	·	d, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3) ▶ □
	on C. Computation of Public Suppor			4 1 (0)			
14 15	Public support percentage for 2017 (line 6) Public support percentage from 2016/Sct			i, column (t))		15	<u>%</u> %
16a	331/3% support test—2017. If the organi			 c on line 13. ar	nd line 14 is 33		
	box and stop here. The organization qua						▶ □
b							
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ition meets the neets the "fac	e "facts-and-c ts-and-circums	circumstances stances" test	" test, check The organizati	this box and son qualifies as	top here. a publicly . ► □
18	Private foundation If the organization di			, 16a, 16b, 17a	a, or 17b, chec	k this box and	see 🕨 🗂
_	instructions /	<u> </u>	· · ·	• •		· ·	

Schedule A (Form 990 or 990-EZ) 2017

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
,	(Complete only if you checked the					d to qualify un	der Part II.
_	If the organization fails to qualify	under the te	sts listed bel-	ow, please c	omplete Part	II.)	<i>_</i> .
Sect	ion A. Public Support				•		,
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017/	(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				1	/	
	organization's tax-exempt purpose	-				<b>/</b>	-
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					ŀ	
	or expended on its behalf .				• /		
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			1	1		
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	a. ~*		95* . 34 .88	S	2 285 2	
8	<b>Public support.</b> (Subtract line 7c from line 6.)	14Q		E i i e i e i	14 Print		
Coati	on B. Total Support		1 2 J.S.			藥 海 盛上海	
	dar year (or fiscal year beginning in)	(-) 0012	#N/0014	(-) 0015	(4) 0010	(-) 0047	(O. T )
9	Amounts from line 6	(a) 2013	<b>(b)</b> /2014	(c) 2015	( <b>d)</b> 2016	<b>(e)</b> 2017	(f) Total
10a	Gross income from interest, dividends,					-	
iva	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 .						
С	Add lines 10a and 10b	Í					
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	1					
	loss from the sale of capital assets	/					
	(Explain in Part VI.) /					İ	
13	Total support. (Add lines 9, 10c, 11/,						
	and 12.) /						
14	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop her				· · · · ·		▶ □
	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8					15	%
16 Sooti	Public support percentage from 2016 Sch	nedule A, Part I	II, line 15 .	<u> </u>		16	<u>%</u>
	on D. Computation of Investment Inc				(0)	1.=1	
17	Investment income percentage for 2017 (I	iine 10c, colum	in (t) divided by	y line 13, colur	nn (t))	17	<u>%</u>
18	Investment income percentage from 2016	Schedule A, F	art III, line 17			18	· %
19a	331/3% support tests—2017. If the organi	ization did not	The ergonization	on line 14, al	na line 15 is m	ore than 331/3%	
L	17 is not more than 331/3%, check this box a						
b	331/3% support tests – 20/16. If the organiz line 18 is not more than 33/1/3%, check this b						
20							
20	Private foundation. If the organization die	u noi check a l	JUX ON IINE 14,	. ⊤9a, or 19b, 0	Theck this box	ano see instruc	tions 🕨 🔲

### 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.)

1

#### Section A. All Supporting Organizations

- 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
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	10b	- 1	

	ile A (Form 990 or 990-EZ) 2017		Page 5
Part	Supporting Organizations (continued)	····	
		Yes	
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)		- "
	below, the governing body of a supported organization?	11a	<b>✓</b>
b	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	✓
Secti	on B. Type I Supporting Organizations		
	·	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<b>新子教</b> 心	- 43
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or—		-
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	innaran ma	
	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	a.C	- Best
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	7.455.7
Secti	on C. Type II Supporting Organizations	<u> </u>	.L
3600	on o. Type it Supporting Organizations	Van	LNa
4	When a manual of the course of the last of the course of t	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 <b>Part VI</b> how control		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	8.7	
		1	<u></u>
Secti	on D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 🗸	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2 🗸	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		2.1
	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		
	supported organizations played in this regard.	3	<b>√</b> .
Secti	on E. Type III Functionally Integrated Supporting Organizations	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstruction	<u>e)</u>
		nstruction	3).
a	The organization satisfied the Activities Test Complete line 2 below.	į.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (	see instruci	ions).
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	F 13 86 3	SHEE
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		225
	how the organization was responsive to those supported organizations, and how the organization determined	La Land	£, 100
	that these activities constituted substantially all of its activities	2a ✓	2-7-2-1
h	·	Za V	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the		14.4
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
1	•	2b	- Name -
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	### ## 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 22
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	

Schedule A (Form 990 or 990-EZ) 2017			Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru	st on Nov 20, 1970 (explain	in in Part VI). <b>See</b> ons A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7	1	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	Charles Recommendation of the second	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	<b>经复数以外的股份的基础</b>	
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		
<ul> <li>7 Check here if the current year is the organization's first as a non-functional instructions).</li> </ul>			g organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)			
Sect	ion D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish exempt purposes					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations			
4	Amounts paid to acquire exempt-use assets	<u> </u>				
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	h the organization is re	sponsive			
	(provide details in Part VI) See instructions	J		* *****		
9	Distributable amount for 2017 from Section C, line 6		•			
10	Line 8 amount divided by line 9 amount		-			
	<u> </u>		(ii)	(iii)		
S	ection E - Distribution Allocations (see instructions)	(i)   5 Dish-ib-stic	Underdistributions	Distributable		
		Excess Distributions	Pre-2017	Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6.			-		
2	Underdistributions, if any, for years prior to 2017		The transfer of the second sec			
_	(reasonable cause required - explain in Part VI). See					
	instructions					
3	Excess distributions carryover, if any, to 2017					
а						
b	From 2013	And the second of the second o				
С	From 2014 .	ALTERIAL SECTION OF THE SECTION OF T				
d	From 2015					
e	From 2016					
f	Total of lines 3a through e	SOCCOMMUNICATION OF A CONTINUE BASHING TO SHIP TO A CONTINUE OF THE CONTINUE O				
g	Applied to underdistributions of prior years		- । व्यक्तिकार्यक्रम् स्थापन्ति । व्यक्तिकार्यक्षित्र । व्यक्तिकार्यक्षित्र । व्यक्तिकार्यक्षित्र । व्यक्तिकार्य			
h	Applied to 2017 distributable amount			Ranka, a alami ara-bakembahat and sala sakambungamm		
i	Carryover from 2012 not applied (see instructions)					
i	Remainder Subtract lines 3g, 3h, and 3i from 3f	omprotocopidita : na a na i Youthur Junior Wichiamma				
4	Distributions for 2017 from	minominionanisiae englishidhidhidhidhidhidhidhidhidhidhidhidhidh				
	Section D, line 7					
а	Applied to underdistributions of prior years		ուսույուն է Հուսույնում ան անականիրում ու հուսույթում է հուսում և			
b	Applied to 2017 distributable amount	100-2004				
С	Remainder. Subtract lines 4a and 4b from 4	annandinin actal aredin and millionininininininininining and and a				
5	Remaining underdistributions for years prior to 2017, if		Ja. "Saramonenskanamani seneaa ilmi "Alemanniak ili			
•	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2017 Subtract lines 3h			1-2011 10-44 (1990)		
	and 4b from line 1 For result greater than zero, explain in			l.		
	Part VI. See instructions					
7	Excess distributions carryover to 2018 Add lines 3	руковиния плания при с на синтрадиранская да до до до до до до до до до до до до до				
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2013					
b	Excess from 2014 .	Paramonal Colores of the Graph Printed States of the Colores of th	A THE PROPERTY SECTION 1997 IN THE RESIDENCE			
c	Excess from 2015					
d	Excess from 2016					
e	Excess from 2017 .		7767 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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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.)
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

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

OMB No 1545-0047

Open to Public Inspection

Name o	of the organization		Employer identification number
Westo	hester Country Day School Endowment		58-1518268
Pai		ised Funds or Other Similar Fund	
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)	<del>-</del> -	
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 he	leld in donor advised
•	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, a	- · ·	
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?	it of the defici of defici advisor, or le	Yes No
Par	Conservation Easements.		· les lino
ı aı	Complete if the organization answered "	'Ves" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•			a broke weelly reconsidered level area
	Preservation of land for public use (e.g., recreat		
	Preservation of open space	☐ Preservation of	a certified historic structure
2	Complete lines 2a through 2d if the organization he	ld a gualified concentation contribution	n in the form of a conceniation
_	easement on the last day of the tax year.	da qualified conservation contribution	
_	Total number of conservation easements		(0)###*******
a			. 2a
b	Total acreage restricted by conservation easements		2b
c d	Number of conservation easements on a certified h		2c
u	Number of conservation easements included in this toric structure listed in the National Register.		1 1
3	historic structure listed in the National Register .		2d
3	Number of conservation easements modified, transtax year ►	nerred, released, extinguished, or term	linated by the organization during the
4	Number of states where property subject to conser	vistion accoment in located	
5	Does the organization have a written policy reg		ootion bonding of
3	violations, and enforcement of the conservation eas		· · ·
6			
U	Staff and volunteer hours devoted to monitoring, inspect	ing, nandling of violations, and enforcing c	onservation easements during the year
7	Amount of expanses incurred in manifesing increases	- handling of walstings and outside	
′	Amount of expenses incurred in monitoring, inspecting  \$ \begin{align*} \	g, nandling of violations, and enforcing o	conservation easements during the year
8	***************************************	O(d) above esticit the requirements of	anation 170/h)/4)/D)/s)
U	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	z(d) above satisfy the requirements of	
^			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		ancial statements that describes the
Parl	III Organizations Maintaining Collections		Other Similar Assets
ı aı (	Complete if the organization answered "		Other Similar Assets.
1a	If the organization elected, as permitted under SFA		revenue statement and belongs about
ıa	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fo		
b			
D	If the organization elected, as permitted under SF works of art, historical treasures, or other similar		
	public service, provide the following amounts relating		dealton, or research in furtherance of
	*	<del>-</del>	<b>►</b> •
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	• • • • • •	🏲 🔊
2	If the organization received or hold works of orthogonal	historical transverse as ather available	. P b
~	If the organization received or held works of art, following amounts required to be reported under SF		
_			лно <b>ь</b> ф
a	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		<b>₹</b> \$

	III Organizations Maintaining					
3	Using the organization's acquisition, collection items (check all that apply)	accession, and oth	ner records, chec	k any of the follow	wing that are a sig	inificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research		e 🗌 Othei	r		
С	☐ Preservation for future generations	S				
4	Provide a description of the organiza XIII.		nd explain how t	hey further the org	ganization's exemp	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					☐ Yes ☐ No
Part						
	Complete if the organization 990, Part X, line 21.		on Form 990,-F	<sup>⊋</sup> art-IV, line-9 <sub>7</sub> or	reported an amo	ount on-Form
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or othe	•	or contributions of		☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following ta	able.		
		•	J		Am	ount
С	Beginning balance			10	:	· · · · · · · · · · · · · · · · · · ·
d	Additions during the year		•	10		
e	5			16	<del></del>	
f	Ending balance			1		
2a	Did the organization include an amou	nt on Form 990 Pa	rt X line 21 for e			☐ Yes ☐ No
	If "Yes," explain the arrangement in P					
Par		dit /till: Officer field	in the explanation	Thas been provide	od on rait XIII	<u></u>
, ai	Complete if the organization	answered "Ves"	on Form 990	Part IV line 10		
	Complete it the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
10	Beginning of year balance .		<del></del>		<del></del>	
1a	Contributions	2,760,808	2,688,593			2,893,235
b	Net investment earnings, gains, and	<u> </u>	0	3,609	0	0
С	losses	154,475	229,986	1,491	54,934	345,024
d	Grants or scholarships .	(119,881)	(1 <u>35,1</u> 45)	(103,747)	(28,410)	(415,000)
е	Other expenditures for facilities and programs	0	0	0	0	_ 0
f	Administrative expenses	(22,052)	(21,652)	(24,130)	(19,963)	(19 <u>,193)</u>
g	End of year balance	2,773,350	2,760,808			
2	Provide the estimated percentage of t	he current year end				
а	Board designated or quasi-endowmen					
b	- · · · · · · · · · · · · · · · · · · ·	I. <b>80</b> %	-			
С	Temporarily restricted endowment ▶	13.97%				
	The percentages on lines 2a, 2b, and		00%			
3a	Are there endowment funds not in the			at are held and ad	ministered for the	
	organization by.	•	J			Yes No
	(i) unrelated organizations .					3a(i) ✓
	(ii) related organizations		•	• • •		3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as required on Sc	hedule R2	•	3b
4	Describe in Part XIII the intended uses	-	•			
Part			TO GRADWING TO			
ı aı c	Complete if the organization		on Form 990 F	Part IV line 11a	See Form 990 F	Part Y June 10
	Description of property					
	Description of property	(a) Cost or oth (investme			Accumulated epreciation	(d) Book value
1a	Land					
b	Buildings		<del></del>			
C	Leasehold improvements					
ď	Equipment			<del> </del>		
ě	Other		<del></del>		-	
	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0. Part X. column	(B) line 10c.)	. •	

Part VII	Investments—Other Securitie		orm 000 Port IV Ju	o 11h Soo Form	n 000 Part V lina 12
	Complete if the organization an  (a) Description of security or category		(b) Book value		ethod of valuation
	(including name of security)	,	(5, 255). 14.55		d-of-year market value
	I derivatives				
•	held equity interests			,	
(3) Other				<u> </u>	
(A) (B)					
(C)					
(D)					
(E)		•	••	-	
(F)		~~#4=			
(G)					
(H)					
	(b) must equal Form 990, Part X, col (B) line 12 ) ▶	<b>.</b>		AND ME THE THE THE	
Part VIII	Investments—Program Relate				
	Complete if the organization an	swered "Yes" on Fo	orm 990, Part IV, Iır	e 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		ethod of valuation d-of-year market value
(1)					
(2)		<del></del>		-	
(3)	<del></del>		<del> </del>		<del></del>
<u>(4)</u> <u>(5)</u>					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) ▶	<b>&gt;</b>		SETTLER AND INVESTIGATION	
Part IX	Other Assets.				
	Complete if the organization an		orm 990, Part IV, Iır	e 11d. See Forn	
(4)		(a) Description	<del></del>		(b) Book value
<u>(1)</u> <u>(2)</u>					
(3)				<del>-</del>	
(4)					
(5)					
(6)					
(7)		<del></del>			
_(8)					
(9)					
	mn (b) must equal Form 990, Part X,	col (B) line 15.)		<u> ▶</u>	
Part X	Other Liabilities. Complete if the organization and line 25.	swered "Yes" on Fo	orm 990, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		cada e.	
(1) Federal ır		(4) 230.14.00			
(2)		-	al ne de la		o de de altrestantos de April
(3)			a a a k	e series e de la Colo	al es 1946 grafia.
(4)					
(5)				ilar Pali, pi e :	
(6)			and the article of		and and a second second
(7)			CANADA PARA UNIO SUNTA PA	Kamada arata arat	a ing the salabate san an en
(8)		-	A. Haja Mara Alika Kal	arabaserines et 9	
(9)					v. a.zaman
	b) must equal Form 990, Part X, col (B) line 25 ) ▶			Meritika di di	iniday iya in waniyi dhe ba si
2. Liability for	uncertain tax positions. In Part XIII, pro	vide the text of the foot	note to the organization	n's financial stateme	ents that reports the
organization's	s liability for uncertain tax positions unde	er FIN 48 (ASC 740) Ch	neck here if the text of t	ne tootnote has bee	en provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Stat Complete if the organization answered "Yes" on Form 9		ue per Return.
1	Total revenue, gains, and other support per audited financial stateme		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
- а	Net unrealized gains (losses) on investments	2a   '	Sec.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	Zu	2e
3	Culphynat Ivas Os fram Ivas 4	• • •	. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a	investment expenses not included on Form 990, Part VIII, line 7b	4a   .	
b	Óther (Describe in Part XIII )	4b	
c	Add lines 4a and 4b	70	. 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 12)	5
Part			1 -
	Complete if the organization answered "Yes" on Form 9		noco per rictarii.
1	Total expenses and losses per audited financial statements		11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•	# AND
а	Donated services and use of facilities	.   2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII )	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.)	. 5
<b>Part</b>	XIII Supplemental Information.	•	
2, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this p	part to provide any add	itional information
			,
		**-***	
			***************************************
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Schedule D (Fo		Page
Part XIII	Supplemental Information (continued)	
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Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Open to Public Inspection % [∑ OMB No. 1545-0047 2018 (h) Purpose of grant **Educational Mission** or assistance Employer identification number □ Yes 58-1518268 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . . Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States (f) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. OCash (e) Amount of noncash assistance ► Attach to Form 990. 119,881 (d) Amount of cash grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501(c)3 56-0891598 (b) EIN Westchester Country Day School Endowment 1 (a) Name and address of organization (1) Westchester Country Day School, High Point, NC 27265 or government Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) Part II ල € 9 8 0 <u>6</u> 9 9 <u>®</u>

Schedule I (Form 990) (2018)

Cat No 50055P

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

Enter total number of other organizations listed in the line 1 table

12

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

Schedule I (Form 990) (2018)

Schedule 1 (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III ო S 9

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification fidiniber
Westchester Country Day School Endowment	58-1518268
	, 55 13,025
990 Part VI: Section B; Line 11b	
The Toronto (All Donald Control of the Control of t	
The Treasurer of the Board reviews the 990 that is prepared by the Director of Finance pr	or to being filed with IRS.
990 Part VI: Section C; Line 19	-
The referenced documents are kept in the businss office and available upon request. An	appointment can be scheduled to review
the documents at 2045 N Old Greensboro Road, High Point, NC 27265. The documents r	nay also be available on Guidestar or other
online resources	
•	
, , ,	

3Creatile O (r 0111 350 0) 350-E2) (2017)	Page 4
Name of the organization	Employer identification number
	•
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(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Schedule R (Form 990) 2017 Open to Public Employer identification number Yes No OMB No 1545-0047 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 58-1515268 (f)
Direct controlling
entity (e) End-of-year assets 170(b)(1)(A)(II) (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33. ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships 501(c)3 (d) Exempt Code section (c) Legal domicile (state or foreign country) ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Cat No 50135Y (c)
Legal domicile (state
or foreign country) ▶ Attach to Form 990. (b) Primary activity S (b) Primary activity Education For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 2045 N Old Greensboro Road, High Point, NC 27265 (1)Westchester Country Day School (56-0891598) Mestchester Country Day School Endowment Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part I Part II 2 ල Ð 9 ଷ Ξ € ල € 3 9 E

Schedule R (Form 990) 2017

(i) Section 512(b)(13) controlled entity? (k) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (J) General or managing partner? ŝ (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (i) Code V—UBI (Form 1065) (g) Share of end-of-year assets (h) Disproportionate ŝ allocations? (f) Share of total income Yes (g) Share of end-ofyear assets (C corp, S corp, or trust) (f) Share of total income (d)
( Direct controlling entity tax under sections 512—514) (e)
Predominant
income (related,
unrelated,
excluded from (c)
Legal domicile
(state or foreign country) (d)
Direct controlling
entity Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV Ξ 2 ල **₹** 3 9 5 2 ල 3 3 9 E

Schedule R (Form 990) 2017

	s With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Form 990) 2017	Transactions With
Schedule R (F	Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<u>-</u>	Yes	ŝ
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ie or more related orga	inizations listed in Par	ts II-IV?		Ħ	
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		>
Gift, grant, or capital contribution to related organization(s)				5	>	
Gift, grant, or capital contribution from related organization(s)				<b>1</b>		>
Loans or loan quarantees to or for related organization(s)				1d	-	>
Loans or loan guarantees by related organization(s)				1e		>
District from related oversuation(s)				-		
It related Organization(s)				=	1	>
Sale of assets to related organization(s)				1g		/
Purchase of assets from related organization(s)				4		>
Exchange of assets with related organization(s)				=	$\vdash$	>
Lease of facilities, equipment, or other assets to related organization(s)				÷		>
Lease of facilities, equipment, or other assets from related organization(s)				<b>¥</b>		>
Performance of services or membership or fundraising solicitations for related organization(s)	· · · · · · (s			=		>
Performance of services or membership or fundraising solicitations by related organization(s)	· · · · · · (s			Ę		>
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	•			÷		>
Sharing of paid employees with related organization(s)				10		>
						I
Reimbursement paid to related organization(s) for expenses				٥	+	>
Reimbursement paid by related organization(s) for expenses .			· · · · · ·	19	1	>
Other transfer of each or property to related organization(c)				+		`
Other transfer of cash or property from related organization(s)				- 1		>
If the answer to any of the above is "Yes." see the instructions for information on who milst	complete this line	including covered relation	covered relationships and transaction thresholds	ion thres	150	ي ا
	Complete the modern of	ממום הסוסה הושום		3		5
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	) og amount i	Novii Vo	pa
		i				
				i		
			Schedule	R (Form	000	2017
			Schedule R (Form 990) 2017	R (Form	6	ାଚ

Schedule R (Form 990) 2017

Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Section 15   Sec	State or foreign   Country   Country   Sections 512 – 514   Yes   No   Sections 512 – 514   Yes   Sections 512 –	(a) (b) (c) (d) (e) (f) (g) (h) (i) (l) (l) (k) Name, address, and ElN of entity Prinary activity legal dominicals. Share of Shar	(b) Primary activity	(c)	(d) Predominant	(e)	(f) Share of	(g)	(h)	(i)	(1)	(k)
No   No   No   No   No   No   No   No	No   No   No   No   No   No   No   No			(state or foreign country)	income (related, unrelated, excluded from tax under	section section 501(c)(3) organizations?	total income		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
									Yes No		Yes No	
		(1)	<del>-</del> -									
		(2)										
		(5)				1						
		(4)										
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