1

Short Form

OMB No. 1545-0047

2023

Return of Organization Exempt From Income Tax

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.

Open to Public Inspection

		enue Service		Go to www.irs.gov	/Form990EZ for inst	ructions a	nd th	e latest informat	ion.		Inspection	
			ar year, or tax year	beginning				, and ending				_
	Check if applicat		Name of organizatio	n					D Employ	ver ide	ntification number	
	_	ess change										
	Nam			DOWMENT IN							05485	
	Initia	i i otai i i			ot delivered to street addr	ress)		Room/suite				
	Final termi		8825 132N						206	<u>5-6</u>	05-7071	
	Ame	nded return Cit	ty or town, state or p	province, country, an	d ZIP or foreign postal co	ode			F Group	Exemp	otion	
	Applic	ation pending E	BELLEVUE,	WA 98005	5				Numbe	er		
G	Ассои	nting Method:			ner (specify)				H Check		if the organization	n is
-	Websi				LTHENDOWMEN		/		not rec	quired	to attach Schedule B	
J	Tax-ex	empt status (<u>501(c) (</u>) (inse	ert no.)] 4947	7(a)(1) or 📃 527	7 (Form	990).		
Κ	Form c	of organization:	: X Corporati	on 🗌 Trust	Association	Otł	ner					
L.	Add lin	ies 5b, 6c, and	I 7b to line 9 to dete	rmine gross receipts	. If gross receipts are \$20	00,000 or mo	ore, or	if total assets (Part	11,			
		<u>n (B))</u> are \$500	0,000 or more, file F	orm 990 instead of F	orm 990-EZ	<u> </u>	<u></u>			\$	42,98	35.
P	art I	_		-	in Net Assets or			,			,	
					nd to any question in this	s Part I						X
	1			similar amounts rece						1	34,73	54.
	2				and contracts					2		
	3									3		
	4									4		
	5a				у		ja					
	b						ib					
	C			s other than inventor	y (subtract line 5b from li	ine 5a)				ic		
	6	-	fundraising events:									
e	a			ch Schedule G if grea		Ι.	. 1					
Revenue	.				۰	····· <u> </u>	ba					
Rev	b		-	events (not including			contr	ibutions				
_				, ,	chedule G if the sum of si		. 1					
		-	e and contributions				<u>sb</u>					
	Ι.			ng and fundraising e		·····	<u>Sc</u>	0-1				
	d				ents (add lines 6a and 6b			6C)	6	d		
	7a						'a 'b					
	b	Less: cost of		of inventory (outtra	at line 7h from line 7a)							
	C 8	Other revenue	ul (1055) Il Ulli Sales la (describe in Scher	UI IIIVEIILUI Y (SUDLIAL	ct line 7b from line 7a)	SEE	SC	HEDIILE O		'C B	8,25	1
	9			4 5c 6d 7c and 8						9	42,98	
	10	Grants and si	imilar amounts naid	(1) (list in Schedule (1))		SEE	SC	HEDULE O		0	4,50	
	11		I to or for members							1		•••
	12	•		d employee benefits						2		
Expenses	13				contractors					3	1,05	52.
ben	14									4	_,00	
Ä	15		lications, postage, a									
	16		ses (describe in Sch			SEE	SC	HEDULE O	1		8,33	31.
	17		ses. Add lines 10 th								13,88	
	18			ubtract line 17 from						8	29,10	
ets	19		,		n line 27, column (A))				····· [•	
Ass					year's return)				1	9	266,02	24.
Net Assets	20			ind balances (explain							•	0.
z	21	-		nd of year. Combine	,						295,12	
For				he senarate instruct							Form 990-EZ (2	

LHA 332171 12-21-23

_	n 990-EZ (2023) SCWTCA ENDOWMENT INC.		2	0-0	20054	85 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp					
		(/	A) Beginning of year		. ,	nd of year
22	Cash, savings, and investments		266,024.	22		295,126.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25	Total assets		266,024.	25		<u>295,126.</u>
26	Total liabilities (describe in Schedule O)		0.	26		0.
_27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		266,024.	27		295,126.
Pa	art III Statement of Program Service Accomplishmen	`	,		Ex	penses
	Check if the organization used Schedule O to resp	ond to any question	in this Part III	X		for section and 501(c)(4)
Wha	It is the organization's primary exempt purpose? SEE SCHEDULE O				organizatio	ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program se		In a clear and concise		others.)	
	ner, describe the services provided, the number of persons benefited, and other relevant informat					
28	TESTING FOR HEALTH PROBLEMS ON THE S	SOFT COATED WE	HEATEN	_		
	TERRIER			_		
	4 500		Г			
	(Grants \$ 4,500.) If this amount includes foreign g	rants, check here			28a	
29				_		
				_		
			г			
	(Grants \$) If this amount includes foreign g	rants, check here			29a	
30				_		
				_		
	(Grants \$) If this amount includes foreign g	rants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g	rants, check here	[31a	
32	Total program service expenses (add lines 28a through 31a)				32	
Pa	art IV List of Officers, Directors, Trustees, and Key Er			e the ir	nstructions for	Part IV)
	Check if the organization used Schedule O to resp	ond to any question	in this Part IV			·····
		(b) Average hours	(C) Reportable (compensation (Forms		alth benefits, butions to	(e) Estimated
	(a) Name and title	per week devoted to	W-2/1099-MISC/	emplo	yee benefit and deferred	amount of other
		position	(if not paid, enter -0-)	com	pensation	compensation
AN	NA MARZOLINO					
CH	AIR	20.00	0.		0.	0.
	M TINNELLY					
	CE CHAIR	7.00	0.		0.	0.
	THLEEN MCINDOE					
	RECTOR	15.00	0.		0.	0.
TO	NI VINCENT-FISHER					
\mathbf{TR}	EASURER	10.00	0.		0.	0.
LΙ	Z JAMIOLKOWSKI					
DI	RECTOR	1.00	0.		0.	0.
GE	RARD THOMPSON					
DI	RECTOR	1.00	0.		0.	0.
JA	NET SNODDY					
SE	CRETARY	1.00	0.		0.	0.
			1 +			
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part		
			Yes	NO
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		х
34	activity in Schedule 0 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	33		- 23
7	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	01		
	on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			77
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	_	X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
10 u	section 4911 0 • ; section 4912 0 • ; section 4955 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O .			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization O .			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	10		v
	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE	40e		Х
41	List the states with which a copy of this return is filed NONE The organization's books are in care of TONI VINCENT-FISHER Telephone no. 206-60	5 - 7	071	
72 a		800		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		-	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	[Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		l	Yes	No
11 9	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		100	110
ττu	Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	110		
5	of Form 990-EZ	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule 0	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-EZ ((2023)

Form 990-EZ (2023)

332173 12-21-23

20-2005485 Page 3

³ 2023.02030 SCWTCA ENDOWMENT INC. 3337.001

orm 990-EZ ((2023)	SCWTCZ	A ENDO	WMEN	r inc.						20-	2005	485		Pag
												I		Yes	Ν
	-	n engage, direc chedule C, Par			itical campaign a								46		Σ
Part VI		n 501(c)(3)			Only			<u></u>					40		
					nswer question	ns 47-49b and	52. and	d complete	e the tabl	es for lines	50 ar	d 51.			
			-		O to respond to			-							
														Yes	Ν
Did the c	organization	ı engage in lob	obying activitie	ies or have	e a section 501(h	n) election in ef	fect durin	ng the tax ye	ear?						
													47		2
					b)(1)(A)(ii)? If "								48		
a Did the c	organization	ı make any tra	nsfers to an e	exempt no	on-charitable rela	ited organizatio	n?						49a		
D IT Yes,"	was the rela	ited organizati	ion a section t	527 organ	nization? mpensated empl	lavaa (athar ti	on office	ra diraatar		and kay an			49b	aired r	
					f there is none, e		an onice	rs, directors	s, trustees	, and key en	npioyee	es) who ea	acri rec	eiveu i	1101
tilali g iu		a) Name and t			i illere is liulie, e		Average	hours	(c) B	eportable	(d) не	alth benefits	s. (e) Estim	ate
	(a) Name and i		mpioyee			week de		compéns	ation (Forms)99-MISC/	` contr	ibutions to oyee benefit		ount of	
				NON	Е		positio	n		9-NEC)	plans, a	and deferred		mpens	atio
Complet organiza	e this table tion. If ther	e is none, ente	zation's five h er "None."	nighest cor NON				o each recei			100 of c				1
Complet organiza	e this table tion. If ther	for the organiz	zation's five h er "None."	nighest cor NON	mpensated inder E			o each recei	ved more		000 of c		tion fro		1
Complet organiza	e this table tion. If ther	for the organize is none, ente	zation's five h er "None."	nighest cor NON	mpensated inder E			o each recei			00 of c				<u>1</u>
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332174 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the	organization
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Nam	e of t	the organization							identification number
_	_		CA ENDOWMEI						0-2005485
Pa	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	rgan	ization is not a private found		•		,			
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10	Х	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organization	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		_ organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
		_ requirement (see instructi	,	•					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
		er the number of supported o	•						
g		vide the following information i) Name of supported	about the supporte (ii) EIN	d organization(s).	(iv) is the ora:	anization listed	(u) Amount of	monoton	(vi) Amount of other
	(organization	(11) EIN	(described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
		g		above (see instructions))	Yes	No			
Tota									

	(Complete only if you checked fails to qualify under the tests			•	on failed to qualify u	under Part III. If the	e organization
Sec	tion A. Public Support	71		,			
		(a) 2019	(b) 2020	(a) 2021	(4) 0000	(e) 2023	
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")						
~							
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
-	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			1	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	rcentage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not	check a box on lir	ne 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop h	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and	stop here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicl	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction	s

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990) 2023

20-2005485 Page 2

332022 12-21-23

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 12,816 27,061. 65,373. 29,499 34,734. 169,483. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 29,499. 12,816. 27,061. 65,373. 34,734. 169,483. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0 169,483. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 12,816. 27,061. 65,373. 29,499. 34,734. 169,483. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 92. 56. 8,251. 183. 80. 8,662. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 183. 92. 56. 80. 8,251. 8,662. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 27,153. 12,999. 65,429. 29,579. 42,985. 178,145. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 95.14% Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 99.59 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 4.86 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f) 17 % 17 .41 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23 7

2023.02030 SCWTCA ENDOWMENT INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

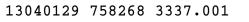
Part IV Supporting Organizations

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

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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 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.)

332024 12-21-23



Schedule A (Form 990) 2023

8 2023.02030 SCWTCA ENDOWMENT INC.

Schedule A	(Form 990) 2023	3 SCWTCA	ENDOWMENT
Part IV	Supporting	Organizations (cont	tinued)

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

INC.

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised or controlled the supporting organization

Section C. Type II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

 Section D. All Types III Supporting Organizations
 1

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	each of its	supported	organizations.	Complete line 3	below.
---	--	------------------	------------------	-------------	-----------	----------------	-----------------	--------

с		The organization	supported a	a governmental entity	Describe in Par	t VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	------------------	-------------	-----------------------	-----------------	----------	-----------------	---------------------	-----------------------------

9

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

13040129 758268 3337.001

2023.02030 SCWTCA ENDOWMENT INC.

Yes No

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.			
Section A - Adjusted Net Income (A) Prior Year (B) Cur (op						
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	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 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see		

Schedule A (Form 990) 2023

20-2005485 Page 6

332026 12-21-23

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

11 2023.02030 SCWTCA ENDOWMENT INC. 3337.001

	organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive	
	(provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 9 amount divided by line 0 amount	10

8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Current Year

1

Section D - Distributions

SCWTCA ENDOWMENT INC.

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Schedule A	(Form 990) 2023	SCWTCA	ENDOWMENT	INC.	20-2005485 Page
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section E Section D, lines 5, 6, an (See instructions.)	prmation. Prov 1, 2, 3b, 3c, 4b,), lines 2 and 3; F d 8; and Part V, S	vide the explanation 4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lir Section E, lines 2, 5,	s required by Part II, , 11a, 11b, and 11c; es 1c, 2a, 2b, 3a, an and 6. Also complet	line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C, d 3b; Part V, line 1; Part V, Section B, line 1e; Part V, e this part for any additional information.
332028 12-21-2	3			12	Schedule A (Form 990) 202

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

20-2005485

SCWTCA ENDOWMENT IN	с.
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

SCWTCA ENDOWMENT INC.

Name of organization

Employer identification number

20-2005485

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 WARREN & DONNA CELLA CHARITABLE TRUST X Person Payroll 100 SADDLE BROOK CIR. 10,000. Noncash \$ (Complete Part II for BUTLER, PA 16001 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

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14 2023.02030 SCWTCA ENDOWMENT INC.

3337.001

Schedule B	(Form	990)	(2023)
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Name of organization

Page 3

Employer identification number

20 - 2005485

SCWTCA ENDOWMENT INC.

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

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

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2023.02030 SCWTCA ENDOWMENT INC.

3337.001

Name of organization			Employer identification number			
CWTCA	ENDOWMENT INC.		20-2005485			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	hrough (e) and the following line entry. aritable, etc., contributions of \$1,000 or less	n 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
a) No.			/			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
3454 12-26-2	3	16	Schedule B (Form 990) (20			

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2023.02030 SCWTCA ENDOWMENT INC. 3337.001

INTEREST	INCOME

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: DNA TEST REBATE PROGRAM

GRANTEE NAME: VARIOUS

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

ACTIVITY CLASSIFICATION: PDX TEST DEVELOPMENT

GRANTEE NAME: TRUSTEES OF U OF PA - PENN GEN

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN:

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:				AMOU	NT:
INSURANCE					1,151.
PAYPAL AND DOMAIN FEES					1,808.
STATE FEES					20.
DATABASE FEES, LICENSING, MAINT.					1,959.
OFFICE SUPPLIES					1,340.
For Paperwork Reduction Act Notice, see the Instructions for I LHA 332211 11-14-23	Form 990 or 990-EZ. 17		S	Schedule O (Fo	orm 990) 2023
040129 758268 3337.001	2023.02030	SCWTCA	ENDOWMENT	INC.	3337.001

AMOUNT:

8,251.

2,000.

2,500.

4,500.

SCHEDULE O (Form 990)

DESCRIPTION OF OTHER REVENUE:

Department of the Treasu Internal Revenue Service	ry
Name of the organ	ization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

SCWTCA ENDOWMENT INC.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

20-2005485

Schedule O (Form 990) 2023	Page 2
Name of the organization SCWTCA ENDOWMENT INC.	Employer identification number 20-2005485
ADVERTISING EXPENSE	100.
BANK FEES	41.
HEALTH, RESEARCH AND EDUCATION	1,912.
TOTAL TO FORM 990-EZ, LINE 16	8,331.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ENDOWMENT FUND WAS ESTABLISHED TO BE USED STRICTLY FOR HEALTH PURPOSES. THESE FUNDS WILL BE USED TO PROVIDE MATCHING MONIES TO GRANTS RECEIVED BY THE AMERICAN KENNEL CLUB / CANINE HEALTH FOUNDATION. THE ENDOWMENT BOARD MAY PROVIDE FUNDING TO ANY APPLICATION IT DEEMS FIT THAT WILL PROVIDE INFORMATION AND TESTING FOR HEALTH PROBLEMS OF THE SOFT COATED WHEATEN TERRIER.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

332212 11-14-23