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Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047 2008

> Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 07	7-01-2008 and ending 06	-30-2009		D Familioner idea	- AIG
_		pplicable	Please	C Name of organization WASHINGTON & JEFFERSON	COLLEGE			. ,	ntification number
_	dress ch	-	use IRS label or	Doing Business As				25-096560: E Telephone nu	
	me cha	-	print or type. See					(724) 223-6	009
	tial retui		Specific Instruc-	Number and street (or P O 60 S LINCOLN STREET	box if mail is not delivered to stre	eet address)	Room/suite	G Gross receipts	
	minatio		tions.	Chi an harring state an according					
	ended			City or town, state or countr WASHINGTON, PA 15301	y, and ZIP + 4				
j Ap	plication	pending				1			
				ne and address of Principa RI HARING-SMITH	al Officer		<b>H(a)</b> Is this affiliat	s a group return	for ┌Yes ┌ No
				INCOLN STREET			aiiiia	tes.	, 163 j. 140
——— Та	x-exem	npt status		NGTON,PA 15301 )(3) ◀(Insert no)	7(a)(1) or			affiliates include	•
 J W	eb sit	<u>·</u> e: ► WW	/W WASHJE		(-),,,,			o," attach a list p Exemption Nur	See instructions) nber ►
<u> </u>	- of ora		₩ Compount	non	Alban <b>In</b> .		I Voor of Fou		State of local demonstra DA
<b>к</b> тур	e or org	janization	J♥ Corporat	ion   trust   association   C	other <b>F</b>		L Year or For	mation 1781 <b>M</b> S	State of legal domicile PA
Pa	rt I	Sumi	mary						
	1	Briefly	describe th	e organization's mission o	r most significant activitie	s			
8		PROMO	TE EDUC	ATION, THE DEVELOPM	ENT OF SKILLS, KNOWLE	DGE, AND	PERSONA	LQUALITIES	
Ĕ									
Governance	2	Check t	this box	if the organization discont	inued its operations or dis	posed of n	nore than 2	5% of its assets	
<u> </u>	1		,		body (Part VI, line 1a)				39
	1		_	_	ne governing body (Part VI				37
Activities &	1			nployees (Part V, line 2a)					1,276
¥.	6	Total nu	umber of vo	olunteers (estimate if nece	ssary)			6 _	938
ă	7a	Total gr	ross unrela	ted business revenue fron	n Part VIII, line 12, columi	n(C) .		7a _	42,079
	b	Net unr	elated busi	ness taxable income from	Form 990-T, line 34 .		T	7b	-6,627
					Prio	or Year	Current Year		
ĕ	8				h)			9,586,032	10,083,370
enu	9	_		,	g)			56,146,786	59,361,486
Reveni	10 11		vestment income (Part VIII, column (A), lines 3, 4, and 7d) her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					5,052,620 459,033	3,675,095
	12		•		st equal Part VIII, column	•			200,332
		12)						71,244,471	73,400,303
	13			ar amounts paid (Part IX,				18,091,353	19,305,087
	14		-	or for members (Part IX, co		lines F			0
8	15	10)	es, other co	ompensation, employee be	nefits (Part IX, column (A)	), lines 5 –		19,247,037	21,853,686
Expenses	16a	Profes	sional fund	raising fees (Part IX, colu	mn (A), line 11e)			75,000	0
ਡੌ	ь	(Total f	undraising ex	penses, Part IX, column (D), lin	e 25 <u>1,980,290</u>	_)			
	17	Other	expenses (	(Part IX, column (A), lines	11a-11d, 11f-24f)			24,924,438	23,346,158
	18				qual Part IX, line 25, colum	ın (A ))		62,337,828	64,504,931
. 07	19	Reven	ue less exp	penses Subtract line 18 fi	om line 12			8,906,643	8,895,372
សិស្ ភូមិ							_	ng of Year	End of Year
esse Base	20			rt X, line 16)			-	225,022,576	211,179,357
Met Assets or Fund Balances	21		•	Part X, line 26)				39,391,994	41,651,280
	22			d balances Subtract line	21 from line 20			185,630,582	169,528,077
Ра	rt II		ature Blo		mined this return, including accor	nnanving sc	hedules and s	tatements and to th	ne hest of my knowledge
					on of preparer (other than office				
Plea Sign		<b> </b>	-tur5 -55					05-13	
Her		[	ature of office				Date		
			DAVID CARSO e or print nam	N VP FOR BUSINESS AND FINANCE and title	NCE				
		<b>       </b>	<u>.</u>		Date	Che	eck if	Preparer's PTIN (	See Gen Inst \
Paid		Preparer signature		M Kırsch	Dute	self		i reputer a rativ (.	oos oon mac j
	arer's	Firm's n	ame (or yours	s & SCHNEIDER DOWNS & CO	INC	em	polyeu F	-	
Use		ıf self-er	nployed), and ZIP + 4	<b>)</b>	110			EIN 🕨	
	-	auuress,	anu ZIP + 4	1133 PENN AVENUE				Phone no ▶ (41	12) 261-3644
May	the IP	L S discus	s this retii	PITTSBURGH, PA 15222 rn with the preparer shown	n above? (See instructions)	)			✓ Yes

#### Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expense	s \$ 55,050,875	Must equal Part IX, Line	25, column (B).	
4d	Other program services (Desc (Expenses \$	ribe in Schedule O ) including grants of	\$	) (Revenue \$	)
4c	(Code ) (Expe	nses \$	including grants of \$	) (Revenue \$	)
4b	(Code ) (Expe	nses \$	including grants of \$	) (Revenue \$	)
	FOUNDED IN 1781, W&J IS ONE OF TI NATIONALLY RECOGNIZED AS AN EXC SCHOOLS, AND 87% WHO APPLY TO F OR FIND EMPLOYMENT IN THEIR FIEL	ELLENT RESIDENTIAL, STUDENT- ROFESSIONAL HEALTH SCHOOLS	CENTERED UNDERGRADUATE I S ARE ACCEPTED WITHIN SIX N	INSTITUTION 90% OF STUDEN MONTHS OF COMMENCEMENT,	NTS WHO APPLY TO LAW 91% ENTER GRADUATE SCHOOL
4a	(Code ) (Expe		ogram service reported including grants of \$	19,245,087 ) (Revenue \$	59,361,486 )
4	If "Yes," describe these changes  Describe the exempt purpose ac  Section 501(c)(3) and (4) organ	hievements for each of the			
3	Did the organization cease cond services?		changes in how it conduc	ts any program	┌ Yes ┌ No
	If "Yes," describe these new ser				
2	Did the organization undertake a	ny significant program ser	rvices during the year whi	ch were not listed on	□ Yes ▽ No
	TO GRADUATE MEN AND WOMEN OF UN AND WHO ARE PREPARED TO CONTRIBU			E EFFECTIVE LIFELONG LEARNE	ERS AND RESPONSIBLE CITIZENS,
1	Briefly describe the organization's missio		NCE AND MATURITY WILL ARE	FEFECTRÆ LIFELONG LEADAN	THE AND DECRONCIBLE CITIZENS

art TV	Chec	klist of	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III $\Box$	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			163	140
8.	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
		200		110
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
<b>7</b>	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 1,957			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		N.o.
d	If "Yes," indicate the number of Forms 8282 filed during the year			IN O
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

8

9a

10

11

Section A. Governing Body and Management

Νo

Νo

Νo

Νo

Νo

Νo

Yes

Yes

Yes

Yes

Yes

2

3

4

5

6

7a

7b

8a

8Ь

9a

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances,
processes, or changes in Schedule O. See instructions.

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below	, desc	cribe the circumstances,	,
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	3	39

	Enter the number of voting members of the governing body	1a	39
Ь	Enter the number of voting members that are independent	1b	37
	Did any officer, director, trustee, or key employee have a family relationship or a but	sıness	relationship with any

other officer, director, trustee, or key employee?	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Did the organization delegate control over manage	me	nt d	utie	s cı	usto	ma	rıly	per	forn	ned	bу	or u	nde	r th	e dii	rect	Ε
supervision of officers directors or trustees or ke	VA	mnl	200	ac to	n a	mai	220	o m e	nt c	om	nan	v or	oth	orr	orc	on?	,

supervision of officers, directors of trustees, of key employees to a management company of other person?	
Did the organization make any significant changes to its organizational documents since the prior Form 990 wa	a s
filed?	

	filed?	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	

Does the organization have members or stockholders?
Does the organization have members, stockholders, or other persons who may elect one or more members of the
governing body?

Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e

Did the organization contemporaneously document the meetings held or written actions undertaken during the
year by the following
the governing heady?

	,	•	_																				
а	the g	overning body?	?																				
ь	each	committee wit	h a	uth	orıt	y to	оас	t or	ı be	half	oft	he o	jove	rnır	ng b	ody	?						

	Does the organization have local chapters, branches, or affiliates?													
Ь	If "Yes," does the organization have written policies and procedures	go	verr	ııng	the	act	ıvıtı	ies	ofs	uch	c ha	pte	rs,	

	, and branches		•			-	-						•
Wasaco	by of the Form	n 990 provid	ed to the or	anızatıon	's aovernir	na bodv I	oefore i	t was file	ed? All	oraa	anıza	atioi	าร

must describe in Schedule O the process, if any, the organization uses to review the Form 990				
Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot	be	reac	hed	at
the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

	9Ь		
ns			
	10	Yes	
d at			
	11		Νo

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

T SZEJKOASSOCIATE VP OF FINANCE 60 S LINCOLN STREET WASHINGTON, PA 15301 (724) 223-6009

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

The check this box in the organization and i		Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

#### Part VII Continued

			tion that a			all			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			+							
			-				$\vdash$			
			+							
1b Total							►	946,002	2 0	303,347

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►6

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ARAMARK MANAGEMENT SERVICES NEWARK, NJ 071880170	FACILITY MANAGEMENT	3,538,889
PARKHURST DINING SERVICE PO BOX 644091 PITTSBURGH, PA 152644090	FOOD SERVICE	3,055,572
MASSARO CORPORATION 120 DELTA DRIVE PITTSBURGH, PA 15238	RESIDENCE HALL RENOVATIONS	2,791,000
RYCON CONSTRUCTION 2525 LIBERTY AVENUE PITTSBURGH, PA 15222	CONSTRUCTION SRVCS SCIENCE BUILDING	2,569,968
EINHORN YAFFEE PRESCOTT PO BOX 617 ALBANY, NY 122010617	ARCHITECT /ENGINEER CONSULTANT	1,427,854
2 Total number of independent contractors (including those in 1) who red from the organization	· ,	17

Page **9** 

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1	a		Revenue		312, 313, 61 311
Contributions, gifts, grants and other similar amounts	ь	Membership dues					
ou ou		11:	7,902				
⊞.(§	С	Fundraising events	•				
<u>≅,≅</u>	d	Related organizations10	I				
n Hiji	e	Government grants (contributions) 16	1,186,638				
rtio S - S	f	All other contributions, gifts, grants, and similar amounts not included above	8,888,830				
高美		11	:				
듍츛	g	Noncash contributions included in					
ठॅ व	h	Ines 1a-1f \$		10,083,370			
			Business Code				
<u> 9</u>	2a	TUITION AND FEES	900,099	47,444,785	47,444,785		
£e⊒	ь	STUDENT SERVICES	900,099	10,624,787	10,624,787		
<u>æ</u>	c	STODENT SERVICES	- 900,099	10,024,787	10,024,787		
926	d		-				
<u>.</u>	e		-				
Ē	f	A II a b b a u u u a u u u a u u u a u u u a u u u u u u u u u u u u u u u u u u u u	_	1 201 014	1 240 005	E1 000	
Program Serwce Revenue		All other program service revenue		1,291,914	1,240,905	51,009	
Ě	g	Total. Add lines 2a-2f					
	3	► \$ 59,361,486  Investment income (including div	Idends Interest				
		other similar amounts)		2,682,061		-8,930	2,690,991
			▶				
	4	Income from investment of tax-exempt l	bona proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents 37,960  Less rental 33,672					
	Ь	expenses					
	С	Rental income 4,288 or (loss)					
	d	Net rental income or (loss)		4,288			4,288
		(ı) Securities	(II) O ther				
	7a	Gross amount 18,390,712 from sales of					
		assets other than inventory					
	ь	Less cost or 17,397,678					
		other basis and sales expenses					
	С	Gain or (loss) 993,034					
	d	Net gain or (loss)		993,034			993,034
	8a	Gross income from fundraising	İ				
		events (not including					
Other Revenue		\$ <u>24,482</u> of contributions reported on line					
₹ >		1c) See Part IV, line 18					
Ř		Attach Schedule G if total exceeds \$15,000	7,002				
Ψ	ь	Less direct expensesb	7,7502				
돌	С	Net income or (loss) from fundrais		-3,987	-3,987		
_	9a	Gross income from gaming	<u> </u>				
		activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		aa					
	ь	Less direct expensesb	)				
	С	Net income or (loss) from gaming					
	10a	Gross sales of inventory, less	<u> </u>				
		returns and allowances .					
		а	1,1+3,132				
	b	Less cost of goods sold b		300.054			300.051
	С	Net income or (loss) from sales or	_	280,051			280,051
	11a	Miscellaneous Revenue	Business Code				
	ь		-				
			-				
	С		-				
	d	All other revenue					
	12	Total Revenue Add lines 1h 3		73,400,303	59,306,490	42,079	3,968,364
	12	Total Revenue. Add lines 1h, 2g, 8c, 9c, 10c, and 11e	_	, 3,700,303	55,500,430	72,079	3,700,304

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orga Il other organizations must complete column (A) but are not re				).
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	60,000	60,000		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	19,245,087	19,245,087		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,497,883	436,305	682,451	379,127
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	15,290,589	12,019,952		971,228
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,120,816	849,758	197,680	73,378
9	Other employee benefits	2,685,034	1,213,813	1,357,141	114,080
10	Payroll taxes	1,259,364	976,080	205,660	77,624
11	Fees for services (non-employees)				_
а	Management				
b	Legal	102,127		102,127	
С	Accounting	66,822		66,822	
d	Lobbying	69,709		69,709	
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	244,842		244,842	
g	Other	4,237,962	3,983,567	253,833	562
12	Advertising and promotion	317,219	82,482	202,844	31,893
13	Office expenses	1,789,338	1,368,229	289,829	131,280
14	Information technology	392,408	111,059	281,349	
15	Royalties				_
16	Occupancy	2,452,092	2,115,564	336,528	_
17	Travel	1,121,768	948,761	78,806	94,201
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	206,152	54,390	76,744	75,018
20	Interest	1,451,154	1,450,536	618	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,993,243	3,799,290	193,953	
23	Insurance	323,657	323,657		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	FOOD SERVICE	2,802,244	2,800,349	1,895	
ь	STUDENT ACTIVIT/PROGRM	1,522,539	1,522,539		
c	ATHLETIC&GAME EXPENSES	634,035	634,035		
d	RA ROOMS	340,140	340,140		-
e	GRANT INDIRECT COSTS	293,098	293,098		_
f	All other expenses	985,609	422,184	531,526	31,899
25	Total functional expenses. Add lines 1 through 24f	64,504,931	55,050,875	7,473,766	1,980,290
26	Joint Costs. Check  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , -		. ,

	Part X	Balance	Sheet
--	--------	---------	-------

						(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing				6,737,560	1		8,101,309
	2	Savings and temporary cash investments					2		
	3	Pledges and grants receivable, net				6,248,250	3	;	3,078,326
	4	Accounts receivable, net				1,772,189	4	:	2,196,352
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L	s, key		s or		5		
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of				419,427	6		341,866
	7	Notes and loans receivable, net		1,395,319	7		1,470,205		
	8	Inventories for sale or use				398,719	8		326,626
22	9	Prepaid expenses and deferred charges				1,634,979	9		1,380,053
Assets	10a	Land, buildings, and equipment cost basis	10a	14	4,800,090				
⋖		Land and well and demonstrate Commista Point VI of	IUa	"	4,000,090				
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	4	9,737,502	82,089,734	10c	9:	5,062,588
	11	Investments—publicly traded securities				45,183,939	11	6	8,871,359
	12	Investments—other securities See Part IV, line 11 $\it Complete B \it Schedule D$	Part VI	I of		78,777,311	12	3	0,011,007
	13	Investments—program-related See Part IV, line 11 $\it Complete$ of $\it Schedule D$ .			13				
	14	Intangible assets		14					
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	•			365,149	15		339,666
	16	Total assets. Add lines 1 through 15 (must equal line 34)				225,022,576	16	21	1,179,357
	17	Accounts payable and accrued expenses .				2,606,143	17	;	5,427,749
	18	Grants payable			18				
	19	Deferred revenue		2,740,507	19	;	3,015,258		
	20	Tax-exempt bond liabilities				28,157,771	20	2	7,388,206
<u>. 6</u>	21	Escrow account liability Complete Part IV of Schedule D			21				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ä		persons Complete Part II of Schedule L			22				
	23	Secured mortgages and notes payable to unrelated third partie			23				
	24	Unsecured notes and loans payable					24		
	25	Other liabilities Complete Part X of Schedule D		5,887,573	25	;	5,820,067		
	26	Total liabilities. Add lines 17 through 25				39,391,994	26	4	1,651,280
<b>У</b> Ф		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plet e	lines 27					
an	27	Unrestricted net assets				69,606,358	27	8	1,479,447
Balance	28	Temporarily restricted net assets				74,159,169	28	4	5,898,920
돧	29	Permanently restricted net assets				41,865,055	29	4:	2,149,710
r Fund		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.							
s or	30	Capital stock or trust principal, or current funds					30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31		
A	32	Retained earnings, endowment, accumulated income, or other f	unds				32		
Net Net	33	Total net assets or fund balances				185,630,582	33	16	9,528,077
<b>z</b>	34	Total liabilities and net assets/fund balances				225,022,576	34	21	1,179,357
Da	rt XI	Financial Statements and Reporting							
- с	LC XI	i mancial Statements and Reporting						Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493133035560

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public

Inspection

	lame of the organization Employer identification number											
WASH.	INGTON	N & JEFFERSON	COLLEGE					125	006560			
Dа	rt I	Peason	for Public C	harity Status (to be co	mnleted	by all or	ganizatio		-096560: Instruct			
				ation because it is (Please					monuce	10113)		
1				urches, or association of ch					Δ )(i)			
2	,  -	•		ion 170(b)(1)(A)(ii). (Attac			, occion .	170(1)(1)(	, r. ) ( · ) ·			
3	<u></u>			e hospital service organizati			tion 170/l	۰۱/11/۸۱/i	ii) (Attac	h Schadul	la H \	
4	<u>'</u>		·	zation operated in conjuncti			-					
7	,		name, city, and	•	OII WILII a I	ilospitai u	escribedi	ii Section .	170(D)(1)	(A)(III). L	iitei tiie	
5	_	•			univarait	v ownod o	roporatod	l by a gove	rnmantal	unit docc	ribad in	
,	'	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II )										
•	_			overnment or governmental	unit docer	uhadun <b>Sa</b>	ction 170	/b\/1\/ <i>A</i> \/	(1 <b>)</b>			
6 7	<u>'</u>	•	· -	ally receives a substantial p						a +ha aana	ral nubli	_
•	,			o)(1)(A)(vi) (Complete Par		зирроп пс	ili a gove	i i i i i i e i i c	11111 01 11011	i the gene	rai publi	_
8	$\vdash$		-	ed in <b>Section 170(b)(1)(A)</b>	•	nloto Pari	+ TT \					
9	<u>'</u>		•	ally receives (1) more than		•	-	antribution	s mamba	rchin food	and are	
9	'	•		ated to its exempt functions					•	•	. •	33
		•		estment income and unrelate	-		•	, ,	•	•		
			<del>-</del>	on after June 30, 1975 See			•			() IIOIII Du	311163363	
10	$\vdash$		_	and operated exclusively to					•	a unetrue	tions \	
11	<u>'</u>			and operated exclusively to								cas of
	'			orted organizations describe								
				type of supporting organiza							( )( )	
		аГ⊤	ype I <b>b</b>	Type II c	Type III	- Function	nally Integ	grated	d	⊤уpe	III - Ot	her
e	Γ	•		rtify that the organization is			•				•	
		other than t section 50		agers and other than one or	more publ	licly suppo	orted orga	nizations (	described	in section	1509(a)(	1) or
f				d a written determination fro	m the IRS	S that it is	a Type I.	Type II o	r Type III	supportir	na organi:	zation.
		check this					,, ,	, ,	, ,		3 3	广
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	!			
		following pe		r indirectly controls, either a	alona or to	acther wit	th narcone	doscribo	dun (u)		Yes	T No.
			· ·	ng body of the the supported		_	tii persons	describe	u III (II)	11g		No
				erson described in (i) above	-	CIOII.				11g(		<del>                                     </del>
			•	ty of a person described in (		hovo2				11g(	· *	<del>                                     </del>
h				nation about the organizatio			cupporte			119(	,	<u> </u>
		i iovide tile	: lollowing illion	nation about the organizatio	iis the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) ī	s the	(v) Did v	ou notify	(vi) ī	s the	(vii) An	nount of
Supported Organization			(, ==	(described on lines 1- 9		ation in		nızatıon		ation in	supp	
		nization		above or IRC section		listed in		i) of your		rganızed		
				(See Instructions))		verning	supp	ort?	ın the	US?		
						ment?	W				-	
					Yes	No	Yes	No	Yes	No	-	
											-	
						1	1	I	1	1		

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

#### DLN: 93493133035560

# OMB No 1545-0047

**SCHEDULE C** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public

					Inspection
	_	s," to Form 990, Part IV, Line 3, or		art VI, line 46 (Political C	ampaign Activities)
	` /` /	mplete Parts I-A and B Do not complet			
	, , ,	501(c)(3)) organizations complete Par	ts I-A and C belov	v Do not complete Part I-B	
	ection 527 organizations complete	•	Farm 000E7 Da		Λ -4::4:\
	<del>-</del>	s," to Form 990, Part IV, Line 4, or thave filed Form 5768 (election under		,	•
	, , , , ,	t have NOT filed Form 5768 (election under	, ,,	•	•
		s," to Form 990, Part IV, Line 5 (Pr		(11)) Complete Full II B Bo	not complete rate in A
	ection 501(c)(4), (5), or (6) organi	•	, ,		
	me of the organization			Employer ide	ntıfıcatıon number
WA	SHINGTON & JEFFERSON COLLEGE			25-0965601	
Par	t I-A To be completed b	y all organizations exempt	under section		
	organizations. (Se	e the instructions for Schedule (	C for details.)		
1	Provide a description of the or	ganızatıon's dırect and ındırect politi	cal campaign act	ıvıtıes ın Part IV	
2	Political expenditures				\$0
3	V olunteer hours				0
				=04( )(D) (C )	
Par	for Schedule C for d	oy all organizations exempt etails.)	under section	<b>1 501(c)(3).</b> (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955		\$0
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectior	1 4955	\$0
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
Ь	If "Yes," describe in Part IV				
Par		oy all organizations exempt for Schedule C for details.)	under sectior	n 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribu	ted to other orgar	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	s 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount political contributions received	nd Employer Identification Number (loaid and indicate if the amount was p d and promptly and directly delivered action committee (PAC) If additiona	aid from the filing I to a separate po	organization's own intern- litical organization, such a	al funds or were as a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		1	1		1

section 4911 tax for this year?

☐ Yes ☐ No

P		organizations exempt under section 501(c)(tion 501(h)). (See the instructions for Schedule C		68
		belongs to an affiliated group		
В	Check   If the filing organization	checked box A and "limited control" provisions apply		
		obying Expenditures— s" means amounts paid or incurred.)	<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<b>1</b> a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	69,709	
c	: Total lobbying expenditures (add line	es 1a and 1b)	69,709	
d	Other exempt purpose expenditures		64,435,222	
e	Total exempt purpose expenditures	64,504,931		
f	Lobbying nontaxable amount Enter t columns—	1,000,000		
	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -	0- ıf line g ıs more than line a	0	
i	Subtract line 1f from line 1c Enter - (	)- If line f is more than line c	0	

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> Total					
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000					
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000					
_c	Total lobbying expenditures	81,552	75,619	82,811	69,709	309,691					
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000					
е 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000					
f	Grassroots lobbying expenditures										

	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for d					
		(a)		(b)		
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
<b>-</b>	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016		) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(		,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information									
Ident if ier	Return Reference	Explanation							

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Name of the organization **Employer identification number** WASHINGTON & JEFFERSON COLLEGE

				25-0965601
Part		Organizations Maintaining Donor Ac rganization answered "Yes" to Form 99		•
			(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> T	otal nu	mber at end of year		
2 /	A ggrega	te Contributions to (during year)		
<b>3</b> A	ggrega	te Grants from (during year)		
<b>4</b> A	A ggrega	te value at end of year		
		organization inform all donors and donor advi e the organization's property, subject to the o		or advised Yes No
ı	used on	organization inform all grantees, donors, and y for charitable purposes and not for the ben ssible private benefit?		
Part	III C	onservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.
] ] ]	Pre	(s) of conservation easements held by the or servation of land for public use (e g , recreati tection of natural habitat servation of open space te lines 2a-2d if the organization held a quali	on or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure  of a conservation easement
(	on the la	st day of the tax year		Hald at the Find of the Year
_				Held at the End of the Yea
а		umber of conservation easements		2a
b	Totala	creage restricted by conservation easement	S	2b
C	Numbe	r of conservation easements on a certified hi	storic structure included in (a)	2c
d	Numbe	r of conservation easements included in (c) a	acquired after 8/17/06	2d
3 [	Number	of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization during
t	the taxa	ble year ►		
<b>1</b> [	Number	of states where property subject to conserva	ation easement is located 🕨	
		e organization have a written policy regarding nent of the conservation easements it holds?		ations, and Yes No
5 9	Staff or	volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year <b>►</b>
,	4 mount	of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
		ch conservation easement reported on line 2 4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
t t	balance the orga	KIV, describe how the organization reports co sheet, and include, if applicable, the text of t nization's accounting for conservation easen	the footnote to the organization's financial nents	statements that describes
art		Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.
	art, hist	ganization elected, as permitted under SFAS orical treasures, or other similar assets held in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
_	historica	ganization elected, as permitted under SFAS al treasures, or other similar assets held for p the following amounts relating to these items	public exhibition, education, or research i	· · · · · · · · · · · · · · · · · · ·
(	(i) <sub>Reve</sub>	nues included in Form 990, Part VIII, line 1		<b>▶</b> - \$
(	(ii) <sub>Ass</sub>	ets included in Form 990, Part X		<b>►</b> \$
_		ganization received or held works of art, histo gamounts required to be reported under SFA	·	or financial gain, provide the
a p	Revenue	es included in Form 990, Part VIII, line 1		<b>▶</b> \$
ь,	Assets	included in Form 990, Part X		<b>►</b> \$

Part	***	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	cal Treas	ures, or Oth	er Similaı	r <b>Asse</b>	ts (co	ntınued)
3		ng the organization's accession and othe s (check all that apply)	r records, check any	of th	e foll	owing that a	re a sıgnıfıcant	use of its co	ollection	ı	
а	굣	Public exhibition		d	$\sqcap$	Loan or exc	change program	s			
b	Γ	Scholarly research		e	$\Gamma$	Other					
c	$\Gamma$	Preservation for future generations									
4	Prov Part	ride a description of the organization's co XIV	ollections and explair	how	v the y	further the	organization's e	xempt purp	ose in		
5		ng the year, did the organization solicit o						mılar	Г	Yes	√ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon ansv	wered "Yes	s" to Fo	orm 9	90,
1a		ne organization an agent, trustee, custod ided on Form 990, Part X?	lan or other intermed	ıary	for c	ontributions	or other assets	not	Г	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table								
									A mou	nt	
C	Beg	ınnıng balance					<b>1</b> c				
d	Add	itions during the year					1d				
e	Dıst	ributions during the year					1e				
f	End	ing balance					1f				
2a	Dıd t	the organization include an amount on Fo	orm 990, Part X, line	21?			<u></u>	•	Г	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV	,								
	rt V	Endowment Funds. Complete		ans	were	ed "Yes" to	Form 990, Pa	rt IV, line	10.		
			(a)Current Year	(b	<b>)</b> Prior	Year (c)	wo Years Back (d	Three Years	Back <b>(e</b>	Four Ye	ears Back
1a	Begi	nning of year balance	101,091,273								
b	Cont	tributions	1,163,346								
c	Inve	stment earnings or losses	-22,017,494								
d	Gran	nts or scholarships									
e		er expenditures for facilities programs	4,631,492								
f	Adm	ninistrative expenses									
g	End	of year balance	75,605,633								
2	Prov	ride the estimated percentage of the yea	r end balance held as	;							
а	Boar	rd designated or quasi-endowment 🕨	11 000 %								
b	Pern	nanent endowment 🕨 56 000 %									
c	Tern	n endowment ▶ 33 000 %									
3a		there endowment funds not in the posse	ssion of the organizat	ion t	hat a	re held and	admınıstered fo	r the			
		nization by								Yes	No
		nrelated organizations			•				3a(i)	Yes	
L		related organizations es" to 3a(ii), are the related organizatio			• .	ulo D2			3a(ii) 3b	Yes	
ь 4		cribe in Part XIV the intended uses of th	·						30		
	t VI						Part X line 10				
		Description of investment	o, and Equipmen	<u></u>	(a)	Cost or other s (investment)	(b)Cost or other basis (other)		ation	( <b>d</b> ) Boo	ok value
1a	and						10,617,13!	_ <del></del>		10	0,617,135
	-una Buildi						84,042,77	7	72,287		1,570,484
		chold improvements					01,072,77	25,4	. 2,201		.,5,0,704
		ment					22,356,534	1 15 5	44,361		5,812,173
		·		-			27,783,650		20,854		3,062,796
	- mel						27,703,030	'   <sup>4,7,</sup>	20,004	Ζ.	,,002,730

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other ALTERNATIVE INVESTMENTS	23,415,459		F
Other SECUR HELD IN TRUST BY OTHERS	4,959,732		F
Other CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES	463,623		F
Other INVESTMENTS - REAL ESTATE	1,172,193		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	30,011,007		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descri			( <b>b)</b> Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X	K, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ACCRUED RETIREE HEALTHCARE BENEFITS	2,267,449		
FED GOV ADVANCES FOR STUDENT LOANS	1,838,638		
LIABILITIES UNDER LIFE INTEREST AGREEM	741,754		
DEPOSITS HELD IN CUSTODY FOR OTHERS	325,954		
DERIVATIVE INSTRUMENT LIABILITY	646,272		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	5,820,067		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	73,400,303
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	64,504,931
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,895,372
4	Net unrealized gains (losses) on investments	4	-25,006,807
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	8,930
9	Total adjustments (net) Add lines 4 - 8	9	-24,997,877
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-16,102,505
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	30,869,489
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-43,466,986
3	Subtract line 2e from line 1	3	74,336,475
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	-936,172
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	73,400,303
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	46,933,390
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C -J	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	3-	027.242
e	Add lines <b>2a</b> through <b>2d</b>	2e 3	927,242
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:		46,006,148
4			
a b	Investment expenses not included on Form 990, Part VIII, line 7b 4a  Other (Describe in Part XIV) 4b 18,498,783		
D C		4c	18,498,783
с 5	Add lines <b>4a</b> and <b>4b</b>	4C 5	64,504,931
	rt XIV Supplemental Information		1 04,504,931

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Ident if ier	Return Reference	Explanation
III, Line 1a		THE COLLEGE'S COLLECTIONS INCLUDE PAINTINGS, PRINTS, PHOTOGRAPHS, SCULPTURES, DRAWINGS AND WATERCOLORS, AND DECORATIVE ARTS THESE ITEMS ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC AND CURATORIAL PURPOSES EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY PURCHASES OF COLLECTION ITEMS AR RECORDED AS OPERATING EXPENDITURES IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED CONTRIBUTED COLLECTION ITEMS WITH A VALUE LESS THAN \$5,000 ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS
V, Line 4	Description of Intended Use of Endowment Funds	CAPITAL IMPROVEMENTS, OPERATIONAL SUPPORT, AND STUDENT FINANCIAL AID, SUBJECT TO DONOR SPECIFICATIONS STATED IN ORIGINAL GIFT AGREEMENTS
		IN 2006, THE FASB ISSUED INTERPRETATION NO 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AN INTERPRETATION OF FASB STATEMENT NO 109" (FIN 48 WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO 109, "ACCOUNTING FOR INCOME TAXES" FIN 48 PRESCRIBES A RECOGNITION THRESHOL AND MEASUREMENT PRINCIPLES FOR FINANCIAL STATEMENT DISCLOSURE OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THE COLLEGE HAS ADOPTED FIN 48 WITHOUT MATERIAL IMPACT TO THE FINANCIAL STATEMENTS
		PART XII, LINE 2D STUDENT FINANCIAL AID \$ (18,498,783) PART XII, LINE 4B RENTAL EXPENSES \$ 33,672 PART XII, LINE 4B DIRECT FUNDRAISING EXPENSE \$ 28,469 PART XII, LINE 4B COSTS OF GOODS SOLD FROM BOOKSTORE \$ 865,101 PART XII, LINE 4B UBI PARTNERSHIP ACTIVITY \$ 8,930 TOTAL PART XII, LINE 4B \$936,172 PART XIII, LINE 2D RENTAL EXPENSES \$ 33,672 PART XIII, LINE 2D DIRECT FUNDRAISING EXPENSE \$ 28,469 PART XIII, LINE 2D COSTS OF GOODS SOLD FROM BOOKSTORE \$ 865,101 TOTAL PART XIII LINE 2D \$927,242 PART XIII, LINE 4B STUDENT FINANCIAL AID \$ 18,498,783
		UBI PARTNERSHIP ACTIVITY \$ 8,930 TOT LINE 4B \$936,172 PART XIII, LINE 2D REI EXPENSES \$ 33,672 PART XIII, LINE 2D D FUNDRAISING EXPENSE \$ 28,469 PART XII COSTS OF GOODS SOLD FROM BOOKSTOR TOTAL PART XIII LINE 2D \$927,242 PART

#### SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Schools**

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2008

Open to Public Inspection

Name of the organization **Employer identification number** WASHINGTON & JEFFERSON COLLEGE 25-0965601 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes WASHINGTON AND JEFFERSON COLLEGE ACTIVELY RECRUITS STUDENTS IN 40 STATES AND WASHINGTON, D C IT IS THE OPINION OF THE COLLEGE THAT IT WOULD BE COST PROHIBITIVE TO PUBLICIZE THE COLLEGE'S NONDISCRIMINATION POLICY (AS TO RACE, COLOR, SEX, HANDICAP, AGE, OR NATIONAL ORIGIN) THROUGH NEWSPAPER OR BROADCAST MEDIA IN SUCH A LARGE GEOGRAPHICAL AREA THE COLLEGE'S RACIAL NONDISCRIMINATION POLICY (AND OTHER AFOREMENTIONED NONDISCRIMINATORY POLICIES) ARE PUBLISHED IN THE COLLEGE'S CATALOGUES, PROGRAM PROFILES, FINANCIAL AID BROCHURE, APPLICATION FORM, college publications and other written communications which are routinely provided to all prospective students this policy is also posted on the college's internet website Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b basis? Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🦸 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133035560

OMB No 1545-0047

**SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States**

2008

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Open to Public **Inspection** 

	f the organization NGTON & JEFFERSON				Employer	identification number
WASHI	NGION AJEFFERSON	COLLEGE			25-09650	501
Part	I General Infor			ide the United States	. Complete if the org	anızatıon answered
a	or grantmakers. Do ssistance, the grante	es the organiza ees' eligibility fo	ation maintain r or the grants or	ecords to substantiate assistance, and the se	lection criteria used to	
	<b>or grant makers.</b> Descri nited States	ibe in Part IV the	organization's pi	rocedures for monitoring th	ne use of grant funds out	side the
<b>3</b> A	ctivites per Region (U	se Schedule F-1	(Form 990) If ad	ditional space is needed )		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in is a program service, describe specific type service(s) in region	(f) Total expenditures in
EUROP	Е	0	0	STUDY ABROAD	EDUCATION	209,924
NORTH	AMERICA	0	0	STUDY ABROAD	EDUCATION	5,274
EAST A	SIA AND PACIFIC	0	0	STUDY ABROAD	EDUCATION	45,784
SUB-SA	AHARAN AFRICA	0	0	STUDY ABROAD	EDUCATION	49,680
						310,662

Totals.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
	I			1	1	1	I

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
<del></del>		

Software ID:

**Software Version:** 

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	-------------------------------------------------------	------------	-------------------------	------------------------------	------------------------------------	-------------------------------------------	----------------------------------------------	----------------------------------------------------------------

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As Filed Data -

DLN: 93493133035560

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

Name of the organization WASHINGTON & JEFFERSON	COLLEGE				Employer ider	ntification number	
WASHINGTON & JEFFERSON	COLLEGE				• •		
					25-0965601		
				1 1137 11 1			
Part I Fundraising Ac	tivities. Complet	e if the or	rganizat	ion answered "Yes" t	to Form 990, Part IV	, line 17.	
1 Indicate whether the orga	nızatıon raısed funds	through ar	ny of the	following activities Che	eck all that apply		
<b>a</b> Mail solicitations				e   Solicitation of r	non-government grants		
<b>b</b> Email solicitations				f Solicitation of g	government grants		
<b>c</b> Phone solicitations				g   Special fundrais	sing events		
<b>d</b> In-person solicitation:	S						
2a Did the organization have or key employees listed in			•	, ,		Г Yes Г No	
<b>b</b> If "Yes," list the ten highe to be compensated at leas							
		(iii)					
(i) Name of individual	I (III) A ctivity	Activity fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to	
or entity (fundraiser)						(or retained by)	
						organization	
		Yes	No				
			1	1	I	1	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

(a) Event #1 (b) Event #2 (c) Other Events (Add col (a) Midd col (a) the contributions   (c) TOTHING (event type) (event type) (stall number)   (stall number)   (add col (a) the contributions   32,384   32   24   285 Chantable   7,902   77   28   29   29   29   29   29   29   29	Pai	rt II	Fundraising Events. Comp more than \$15,000 on Form					repor	ted
The contraction of the organization operate gaming activities in any of the organiz					( <b>b)</b> Event #2	(c) O ther Events	(Add co	(a) th	
3   Gross revenue (line 1   24,482   24   24   24   24   24   24   24					(event type)	(total number)		(-7)	
24,882   24   24   26   25   26   26   27   28   29   29   29   29   29   29   29	₽	1	Gross receipts	32,384				3	2,384
24,882   24   24   26   25   26   26   27   28   29   29   29   29   29   29   29	Revei	2	Less Charitable	7,902					7,902
Some cash Prizes   Some cash P		3	•	24,482				2	4,482
Rent/Facility costs		4	Cash Prizes						
8 Direct expense summary Add lines 4 through 7 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Source texpense summary Add lines 4 through 7 in column (d). 9 Source texpense summary Add lines 4 through 7 in column (d). 9 Source texpense summary Add lines 4 through 7 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in colum	န္	5	Non-cash Prizes	5,341					5,341
8 Direct expense summary Add lines 4 through 7 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Source texpense summary Add lines 4 through 7 in column (d). 9 Source texpense summary Add lines 4 through 7 in column (d). 9 Source texpense summary Add lines 4 through 7 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in column (d). 9 Source texpense summary Add lines 2 through 5 in colum	Šeŭ	6	Rent/Facility costs	12,875	;			1	2,875
9 Net income summary Combine lines 3 and 8 in column (d).  3 Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo  1 Gross revenue (c) Other gaming (d) Though colingo (a) through colingo (a) through colingo (b) Pull tabs/Instant bingo/progressive bingo  2 Cash prizes	ă	7	Other direct expenses	10,253	3			1	0,253
9 Net income summary Combine lines 3 and 8 in column (d).  3 Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo  1 Gross revenue (c) Other gaming (d) Though colingo (a) through colingo (a) through colingo (b) Pull tabs/Instant bingo/progressive bingo  2 Cash prizes	ĕ	8	Direct expense summary Add line	s 4 through 7 in column	(d)			2	8,469
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (col (a) through col (bingo/progressive bingo)  1 Gross revenue				_				_	3,987
(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming col (a) through col (b) pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming col (a) through col (b) pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming col (a) through col (b) pull tabs/Instant bingo/progressive bingo (c) Other gaming col (a) through col (a) t	Par	t II			"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mo	re thar	1
Topic texpense summary Add lines 2 through 5 in column (d).    Solution   Sol	evenue		ψ20/000 OH (OHH 250 ZZ) HI	1	bingo/progressive	(c) O ther gaming			
2 Cash prizes	ž	١.							
3 Non-cash prizes		1	Gross revenue						
6 Volunteer labor	96	2	Cash prizes						
6 Volunteer labor	pen	3	Non-cash prizes						
6 Volunteer labor	ញ ប្ដូ	4	Rent/facility costs						
7 Direct expense summary Add lines 2 through 5 in column (d)	짇	5	Other direct expenses						
8 Net gaming income summary Combine lines 1 and 7 in column (d)		6	Volunteer labor	┌────────────────────────────────────	•	I '			
Penter the state(s) in which the organization operates gaming activities  a Is the organization licensed to operate gaming activities in each of these states?		7	Direct expense summary Add lines	2 through 5 in column (	d)				
9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?		8	Net gaming income summary Comb	oine lines 1 and 7 in colu	ımn (d)	🕨			
b If "No," Explain  10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10a b If "Yes," Explain  11 Does the organization operate gaming activities with nonmembers?	9	Ent	er the state(s) in which the organizat	tion operates gaming act	tivities			Yes	No
b If "Yes," Explain  11 Does the organization operate gaming activities with nonmembers?			-	gaming activities in each	n of these states?		· 9a		
<del>                                     </del>				censes revoked, suspen	ded or terminated during	g the tax year?	10a		
<del>                                      </del>	11		oc the organization operate coming o	ctivities with nonmarks	re ?				
	12		, , ,				11		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •	-	
	Address •	-	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name Name		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493133035560

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public **Inspection** 

Name of the organization							fication number
WASHINGTON & JEFFERSON C	OLLEGE					25-0965601	
Part I General Inform	nation on Gran	ts and Assistance				·	
<ol> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the organization</li> <li>Grants and Oth</li> </ol>	to award the grant ganızatıon's proced	s or assistance? dures for monitoring the	use of grant funds in th	e United States			
Form 990, Part IV Part IV and Sche	V, line 21 for any dule I-1 if additi	y recipient that recei <sup>,</sup> onal space is	ved more than \$5,00	00. Check this box	of no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
CITY OF WASHINGTON PA C/O 655 WMAIDEN ST WASHINGTON,PA 15301	25-6000886	170(b)(ı)(a)(v)	50,000				STRATEGIC PLAN
WASH COUNTY COMMUNITY FOUNDATION 77 SMAIN ST WASHINGTON,PA 15301	25-1726013	501(c)(3)	10,000				FIRE TRUCK FOR WASH FIRE DEPARTMENT
2 Enter total number of sect organizations					•		2
3 Enter total number of othe							0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS AND STUDENT AID	1403	18,498,783			
STUDENT ASSISTANCE FOR ACADEMIC SUPPORT	40	746,304			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 THE GRANT FUNDS AWARDED TO STUDENTS ARE APPLIED DIRECTLY TO THEIR STUDENT ACCOUNTS
1		

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DLN: 93493133035560

OMB No 1545-0047

Schedule J (Form 990)

# **Compensation Information**

2008

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

**Employer identification number** Name of the organization WASHINGTON & JEFFERSON COLLEGE 25-0965601 Part I Questions Regarding Compensation

				Yes	Νo		
1a	Check the appropiate box(es) if the organization provided any of t 990, Part VII, Section A, line 1a Complete Part III to provide ar						
	First class or charter travel	ing allowance or residence for personal use					
	·	nents for business use of personal residence					
	<u> </u>	th or social club dues or initiation fees					
	✓ Discretionary spending account Pers	onal services (e g , maid, chauffeur, chef)					
b	<b>b</b> If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization uses to est organization's CEO/Executive Director Check all that apply	tablish the compensation of the					
	▼ Compensation committee	en employment contract					
	✓ Independent compensation consultant ✓ Com	pensation survey or study					
	Form 990 of other organizations  Appr	oval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Sect	tion A, line 1a					
а	a Receive a severance payment or change of control payment?						
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the app	licable amounts for each item in Part III					
	501(c)(3) and 501(c)(4) organizations only must complete lines	5-8.					
5	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	ne organization pay or accrue any					
а	The organization?		5a		Νo		
b	Any related organization?		5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of	ne organization pay or accrue any					
а	The organization?		6a		Νo		
b	Any related organization?		6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Pa		7		Νo		
8	Were any amounts reported in Form 990, Part VII, paid or accure subject to the initial contract exception described in Regs section Part III	•	8		No		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

						ī			
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
DR TORI HARING- SMITH	(I) (II)	257,021		5,778	161,960	45,681	470,440		
DENNIS MCMASTER	(I) (II)	117,331		13,330	10,257	10,430	151,348		
ALTON NEWELL	(1) (11)	119,163		27,068	11,400	9,530	167,161		
MICHAEL GRZESIAK	(1) (11)	134,329		5,245	11,000	8,895	159,469		
TIMOTHY MURPHY	(ı) (ıı)	132,333		3,003	11,112	8,896	155,344		
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

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DLN: 93493133035560

OMB No 1545-0047

Open to Public

#### Schedule L

(Form 990 or 990-EZ)

Name of the organization

WASHINGTON & JEFFERSON COLLEGE

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Inspection **Employer identification number** 

	Excess Benefit Transactions (section 50						-096							
										D = =+ \	/ l.m.s	406		
To be completed by organization	ons that a	inswered Ye	sonFo	orm 990, Part IV	, line	25a or 25b	, or F	orm 9	90-62		/ , iine : <b>)</b> Corr			
1 (a) Name of disqualifie	d person			<b>(b)</b> Des	crıpt	ıon of transa	ction			<u> </u>	es	No		
										es	140			
2 Enter the amount of tax imposed on	the organ	nization mana	agers or	disqualified pers	ons	during the y	ear ur	nder						
section 4958									\$ —					
3 Enter the amount of tax, if any, on lir	ne 2, abo	ve, reimburs	ed by th	e organization .					\$					
Part II Loans to and/or From	Intere	sted Pers	ons											
To be completed by organiza	tions tha	t answered "	Yes" on	Form 990, Part	IV,I	ıne 26, or Fo	rm 99	90-E2	Z, Part	V , lıne	38a			
	<b>(b)</b> Loa	an to or					,_,	\ T	(f	-		/		
(a) Name of interested person and	from		(c)Or	iginal principal	(d)	Balance due		) In ault?	Approved by board o			/rıtten ment?		
purpose	organiz	zation?		amount		(a) Bulance due				ittee?				
	То	From					Yes	No	Yes	No	Yes	No		
SANDMEYER JR														
TOCK GIFT BUY BACK		×		426,250		170,933		No	Yes		Yes			
ODNEY SANDMEYER		<del>  ''</del>		,				1						
TOCK GIFT BUY BACK		X		426,250		170,933		Νo	Yes		Yes	1		
												+		
	+											+		
												+		
				. <b>&gt;</b> \$	<u> </u>	341,866		l	l	l	<u> </u>			
art IIII Grants or Assistance B			sted F			/								
To be completed by organ					90,	Part IV, lın	e 27.							
(a) Name of interested person	(I			en interested pe	rson	(c)A mo	ount o	of arai	nt or tvi	ne of a	ssista	nce		
(a) italie of interested person		and	d the org	the organization		(c)A mount of grant or type of assistance								
Part IV Business Transactions	Involv	ing Intere	ested I	Persons		1								
To be completed by organ					90,	Part IV, lın	e 28a	a, 28	b, or 2	28c.				
		) Relationsh										ring o		
(a) Name of interested person		ween interest erson and the		(c) A mount of		(d) Descr	ıptıon	of tra	nsacti		rganız: reven	ation's		
		erson and thi organization	e	transaction						_	reven res	No		
ALVITTI FAMILY MEMBER		ICE PROVID	DER	328.	828	INSURANC				<del>-   '</del>		N o		
							· ·							

25-0965601

OMB No 1545-0047

Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Internal Revenue Service Employer identification number Name of the organization WASHINGTON & JEFFERSON COLLEGE

Part I Types of Property (a) (b) (c) (d) Check Revenues reported on Number of Contributions Method of determining Form 990, Part VIII, line revenues ıf applicable 1 g Х 56,600 FMV Art-Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . . Intellectual property . . . Securities-Publicly traded . 319,873 FMV 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . Qualified conservation contribution (historic structures) . . . 14 Qualified conservation contribution (other) . . Real estate—Residential . Real estate—Commercial . . Real estate—Other . . . 18 Collectibles . . Food inventory . . . 19 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . 24 DIVING 3,812 FMV Χ Other (describe <u>EQUIPMENT</u>) SPORT 2,230 FMV Other (describe EQUIPMENT) 26 Other (describe PLANTS Χ 1 2,000 FMV 27 28 Other (describe MISCELLANEOUS) 4,175 FMV Number of Forms 8283 received by the organization during the tax year for contributions for 29 1 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes No 30a **b** If "Yes", describe the arrangement in Part II Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . . . 32a Yes **b** If "Yes", describe in Part II If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

checked, describe in Part II

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Third Party Use Part I, Line 32b THE COLLEGE USES AN OUTSIDE BROKER TO SELL SECURITIES RECEIVED AS CONTRIBUTIONS

# OMB No 1545-0047

2008

Open to Public Inspection

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

**Supplemental Information to Form 990** 

Name of the organization WASHINGTON & JEFFERSON COLLEGE

Employer identification number

25-0965601

Identifier Reference Explanation

A BY LAW CHANGE CREATING THE POSITION OF CHAIR-ELECT, WHO WOULD SUCCEED THE BOARD CHAIR AT THE EXPIRATION OF HIS/HER TERM WAS MADE THE CHAIR-ELECT MAY BE, BUT WOULD NOT NECESSARILY BE, THE BOARD FIRST VICE CHAIR A BY LAW CHANGE TO ALLOW ALUMNI TRUSTEES TO SERVE TWO CONSECUTIVE FIVE-YEAR TERMS IF RE-ELECTED TO THE BOARD FOR A SECOND TERM WAS MADE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		ALUMNI TRUSTEES ARE ELECTED BY THE ALUMNI EXECUTIVE COUNCIL

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		FORM 990 IS REVIEWED BY THE ASSOCIATE VP FOR BUSINESS AND THE CHIEF FINANCIAL OFFICER, HIGHLIGHTS OF THE FORM ARE THEN REVIEWED WITH THE PRESIDENT OF THE COLLEGE THE FORM IS AVAILABLE TO THE BOARD ONLINE, FOR THEIR REVIEW, AND IS PRESENTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE SENIOR STAFF OF THE COLLEGE AND BY LEGAL COUNSEL ANNUAL DISCLOSURE STATEMENT IS SENT OUT TO BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		-CEO THE NEW EMPLOYMENT CONTRACT INCLUDED A SALARY/BENEFITS REVIEW PERFORMED BY AN UNRELATED THIRD PARTY, SOLENTURE, ON BEHALF OF THE BOARD OF TRUSTEES, AND THE CONTRACT WAS APPROVED BY AN INDEPENDENT BOARD THE PROCESS INCLUDED AN ANALYSIS OF COMPARABLE SALARY AND BENEFIT DATA THE BOARD APPROVAL WAS DOCUMENTED IN THE MINUTES -VP FOR BUSINESS AND FINANCE THE COLLEGE SUBCONTRACTED TO AN UNRELATED CONSULTANT GROUP, WITT KIEFFER, FOR A SALARY AND BENEFITS REVIEW, INCLUDING AN ANALYSIS OF COMPARABLE DATA, AND ASSISTANCE WITH THE HIRING PROCESS THE BOARD AND THE SENIOR STAFF ALSO PARTICIPATED IN THE PROCESS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		WASHINGTON & JEFFERSON COLLEGE MAKES ITS GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST, TYPICALLY VIA EMAIL

Identifier	Return Reference	Explanation
FORM 990, PART XI, QUESTION 2	OVERSIGHT OF FINANCIAL STATEMENT AUDIT	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM IN ADDITION, THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND ITS SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

ldentifier	Return Reference	Explanation					
FORM 990, PART VI, QUESTIONS 13 & 14	SECTION B POLICIES	THE COLLEGE IS CURRENTLY DEVELOPING A WHISTLEBLOWER POLICY					

#### DLN: 93493133035560

2008

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** WASHINGTON & JEFFERSON COLLEGE 25-0965601 Part I **Identification of Disregarded Entities** (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity WASHINGTON & JEFFERSON DEVELOPMENT CORPORATION 60 S LINCOLN STUDENT HOUSING PA 501(c)(3) 170(b)(1)(a)(vi) WASHINGTON, PA15301 30-0152937

<b>(A)</b> Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

Part V Transactions with R	Related Organizations
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Sched	ule R (Form 990) 2008			Page	į
Par	Transactions with Related Organizations				
-	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Y	es N	0
<b>1</b> Dur	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	•	N	0
b	Gift, grant, or capital contribution to other organization(s)	1b	•	N	0
c (	Gift, grant, or capital contribution from other organization(s)	1c	; [	N	0
d	Loans or loan guarantees to or for other organization(s)	1d	1	N	0
e	Loans or loan guarantees by other organization(s)	1e	=	N	0
f s	Sale of assets to other organization(s)	1f	1	N	0
g	Purchase of assets from other organization(s)	<b>1</b> g	,	N	0
h	Exchange of assets	1h	1	N	0
i L	ease of facilities, equipment, or other assets to other organization(s)	<u>1i</u>	Y	es	_
j l	ease of facilities, equipment, or other assets from other organization(s)	1j	i	Ne	_ o
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	(	N	0
I P	Performance of services or membership or fundraising solicitations by other organization(s)	11		N	0
m s	Sharing of facilities, equipment, mailing lists, or other assets	1m	n	N	0
n	Sharing of paid employees	<u>1n</u>	1	N	0
o	Reimbursement paid to other organization for expenses	10	•	Ne	_ o
p	Reimbursement paid by other organization for expenses	<b>1</b> p	•	N	0
q	O ther transfer of cash or property to other organization(s)	<b>1</b> q	1 Y	es	_
	Other transfer of cash or property from other organization(s)	1r	_	N	0
<b>2</b> I	(A) Name of other organization(s)  (Figure 1)  (A)  Name of other organization(s)	on thresholds (C)			_

	<b>(A)</b> Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	WASHINGTON & JEFFERSON DEVELOPMENT CORPORATION	I	961,751
(2)	WASHINGTON & JEFFERSON DEVELOPMENT CORPORATION	Q	3,134,000
(3)			
(4)			
(5)			
(6)			

### Part VI Unrelated Organizations Taxable as a Partnership

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 or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_											
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No										
			•	•		•		Cabadul	. D / Farms	9907 2008										

Software ID: Software Version:

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

## Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(5)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Cirector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
A MICHAEL PRATT ESQ , TRUSTEE	50	Х						0	0	0
CHONG S PARK MD , TRUSTEE	50	Х						0	0	0
CRAIG A VARGA ESQ , TRUSTEE	2 50	Х						0	0	0
DIANA L REED ESQ , TRUSTEE	50	Х						0	0	0
DOROTHY A SERVIS ESQ , TRUSTEE	50	Х						0	0	0
DR ALBERTO W VILAR , TRUSTEE	0 00	Х						0	0	0
DR JOHN A SWANSON , TRUSTEE	50	Х						0	0	0
DR JOHN R ECHEMENT , TRUSTEE	50	Х						0	0	0
DR JOSEPH A HARDY SR , TRUSTEE	50	Х						0	0	0
DR WALTER COOPER , TRUSTEE	50	Х						0	0	0
EMILES PRENTICE IIIESQ , TRUSTEE	50	Х						0	0	0
FLEO WRIGHT ESQ , TRUSTEE	50	Х						0	0	0
J ROBERT MAXWELL ESQ , TRUSTEE	50	Х						0	0	0
JAMES H KNEPSHIELD MD , TRUSTEE	2 50	Х						0	0	0
JAMES L PHILLIPS MD , TRUSTEE	50	Х						0	0	0
JOHN E FRAZIER II MD , TRUSTEE	2 50	Х						0	0	0
KENNETH R MELANI MD , TRUSTEE	2 50	Х						0	0	0
LYN M DYSTER PHD , TRUSTEE	2 50	Х						0	0	0
MELISSA A HART ESQ , TRUSTEE	2 50	Х						0	0	0
CHARLES F MARCY , TRUSTEE	2 50	Х						0	0	0
DAVID A ROSS , TRUSTEE	50	Х						0	0	0
GARY L CHURGIN , TRUSTEE	50	Х						0	0	0
H THOMAS PATTON , TRUSTEE	50	Х						0	0	0
JAMES F GISMONDI , TRUSTEE	50	Х						0	0	0
JAMES J MCCAFFREY , TRUSTEE	50	Х						0	0	0
JAMES W CAMERON , TRUSTEE	50	Х						0	0	0
JOHN LS NORTHROP , TRUSTEE	50	Х						0	0	0
JONATHAN M CONRAD , TRUSTEE	50	Х						0	0	0
MCCLELLAN A DUBOIS , TRUSTEE	50	Х						0	0	0
RICHARD T CLARK , TRUSTEE	2 50	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C non ( hat a	chec					(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
RICHARD Y HADDAD , TRUSTEE	50	Х						0	0	0	
RONALD PSANDMEYERSR , TRUSTEE	50	Х						0	0	0	
THOMAS J LEYDIG , TRUSTEE	50	Х						0	0	0	
WILLIAM S PLATT , TRUSTEE	50	Х						0	0	0	
ANICA D RAWNSLEY , TRUSTEE	50	Х						0	0	0	
EDWINA W CAMERON , TRUSTEE	50	Х						0	0	0	
ELIZABETH HURWITZ-SCHWAB , TRUSTEE	2 50	х						0	0	0	
GRETCHEN B GOCKLEY, TRUSTEE	50	Х						0	0	0	
LAUREN M FARRELL , TRUSTEE	50	Х						0	0	0	
LOUISE K ROSS , TRUSTEE	50	Х						0	0	0	
PATRICK A CORRENTY MD , TRUSTEE	2 50	Х						0	0	0	
ROBERT B SHUST ESQ , TRUSTEE	50	Х						0	0	0	
ROBERT M BEAVERS JR , TRUSTEE	50	Х						0	0	0	
SAMUEL J DAVIS ESQ , TRUSTEE	50	Х						0	0	0	
DR TORI HARING-SMITH , PRESIDENT	40 00	Х		Х				262,799	0	207,641	
CHARLES T NASON , CHAIRMAN	5 00	Х		Х				0	0	0	
BJOHN PENDLETONJRESQ , VICE CHAIR	2 50	Х		Х				0	0	0	
WILLIAM M STOUT , VICE CHAIR	2 50	Х		Х				0	0	0	
BARBARA R DEWITT , VICE CHAIR	2 50	Х		Х				0	0	0	
E RONALD SALVITTI MD , FIRST CHAIR	2 50	Х		х				0	0	0	
JAMES A ELLIOTT , TREASURER	2 50	X		Х				0	0	0	
JAMES J BARNES ESQ , SECRETARY	2 50	Х		Х				0	0	0	
DENNIS MCMASTER , VP FOR BUSINESS&FINANCE	40 00			Х				130,661	0	20,687	
ALTON NEWELL , VP FOR ENROLLMENT	40 00					Х		146,231	0	20,930	
MICHAEL GRZESIAK , VP FOR DEVELOPMENT	40 00					Х		139,574	0	19,895	
TIMOTHY MURPHY , ASSOCIATE PROFESSOR	40 00			_		Х		135,336	0	20,008	
JAN CZECHKOWSKI DEAN OF, VP FOR ACADEM AFFAIRS	40 00					х		131,401	0	14,186	