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Form **990**

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

2009

OMB No 1545-0047

Open to Public

A Fo	r the	2009 ca	elendar vea	r, or tax year beginning 07	-01-2009 and ending 06-30-201	0		Inspection	
		pplicable		C Name of organization			D Employer ic	lentification number	
☐ Add			Please use IRS	WASHINGTON & JEFFERSON	COLLEGE		25-09656	01	
┌ Nan		-	label or print or	Doing Business As			E Telephone r		
Initi		_	type. See Specific				(724) 223	-6009	
Ten			Instruc- tions.	Number and street (or P O 60 S LINCOLN STREET	oox if mail is not delivered to street addre	ess) Room/suite	G Gross receipt	s \$ 120,339,744	
┌ Ame	ended	return		City or town, state or countr	, and ZIP + 4	I			
┌ _{App}	lication	n pending		WASHINGTON, PA 15301					
			F Nan	L ne and address of principa	lofficer	H(a) In th		for	
				RI HARING-SMITH			ıs a group retu ites?	TYes ▼No	
				INCOLN STREET					
			VVASHI	INGTON,PA 15301		1 ' '	ll affiliates inclu		
Tax	r-exem	npt status	└── 501(c)) (3) ◀ (insert no)	(a)(1) or		o," attach a lıs ıp exemptıon n	t (see instructions)	
			/W WASHJE		· · · · · · · · · · · · · · · · · · ·	H(E) GIOC	p exemption in	umber P	
K Forn	n of or	ganızatıon	✓ Corporat	tion Trust Association	Other F	L Year of fo	rmation 1781	M State of legal domicile PA	
Pai	rt I	Sum	mary						
	1	•		5	r most significant activities				
e		PROMO	TE EDUC	ATION, THE DEVELOPM	ENT OF SKILLS, KNOWLEDGE, A	ND PERSONA	L QUALITIES		
Governance									
Ĕ									
₹e	2	Check	this box ►F	If the organization disco	ntinued its operations or disposed	of more than	25% of its net	assets	
9			•		body (Part VI, line 1a)			3 4	
			_						
Activities &	4				ie governing body (Part VI, line 1	D)			
풀				nployees (Part V , line 2a)				5 1,28	
₹ €				olunteers (estimate if nece	• •			66	
•		_			Part VIII, column (C), line 12	• •	7	'a 116,46	
	ь	Net unr	elated busi	iness taxable income from	Form 990-T, line 34	•	7	'b	
						Pric	r Year	Current Year	
_	8	Contri	butions and	d grants (Part VIII, line 1	1)		10,083,370	7,904,456	
пie	9 Program service i			revenue (Part VIII, line 2	evenue (Part VIII, line 2g)			63,519,052	
Raven	10	Inves	tment incor	me (Part VIII, column (A)	lines 3, 4, and 7d)		3,675,095	526,519	
Ė	11 Other revenue			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			280,352	339,751	
	12	Total	revenue—a	dd lines 8 through 11 (mu	st equal Part VIII, column (A), lın	е			
							73,400,303	72,289,778	
	13			ar amounts paid (Part IX, o		19,305,087	19,705,209		
	14	Benefi	ts paid to d	or for members (Part IX, co	lumn (A), line 4)			0	
ø	15		es, other co	ompensation, employee be	nefits (Part IX, column (A), lines	5 –	21,853,686	23,169,873	
). 13e	16-	10)			(A.) luna d d>		21,833,080	23,109,873	
Expenses	16a				mn (A), line 11e)			U	
짚	ь			enses (Part IX, column (D), line					
	17				11a-11d, 11f-24f)		23,346,158	26,823,887	
	18				ual Part IX, column (A), line 25)		64,504,931	69,698,969	
	19	Reven	ue less exp	penses Subtract line 18 fi	om line 12		8,895,372	2,590,809	
Net Assets or Fund Balances							g of Current	End of Year	
eet Een	30	+	/-	ub V 1.m. a 4.6.\			'ear	254 205 205	
Ass Ba	20			rt X, line 16)			211,179,357	254,285,296	
e de la composition della comp	21		-	Part X, line 26)			41,651,280	77,185,177	
	22				21 from line 20		169,528,077	177,100,119	
Par	t II	_	ature Blo						
					nined this return, including accompanying on of preparer (other than officer) is base				
Sign		 				3041	02 14		
Here		Sian	ature of office	<u> </u>		2011- Date	-03-14		
		'							
			DENNIS MCM/ e or print nam	ASTER VP FOR BUSINESS AND F ne and title	INANCE				
		F	•			Charl 6	D		
_		Preparei signatur		M Kırsch		Check If self-	Preparer's identification (see instruction		
Paid		Jagnatur	7 5.5411			empolyed 🕨 🦵			
Prepa		Firm's name (or yours SCHNEIDER DOWNS & CO INC if self-employed),					- ETN &		
Use C	nly	address.	mployed), and ZIP + 4	1133 PENN AVENUE	EIN ►				
]					Phone no 🕨 (412) 261-3644	
 Мэч+	he TD	S discu	ss this ratio	rn with the preparer show	above? (see instructions)			✓ Yes	
.∵ıay L	IK		JO LIND IELU	in with the preparel SHOW	apove take manululullal			1. 143 I INU	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO GRADUATE MEN AND WOMEN OF UNCOMMON INTEGRITY, COMPETENCE, AND MATURITY, WHO ARE EFFECTIVE LIFELONG LEARNERS AND RESPONSIBLE CITIZENS, AND WHO ARE PREPARED TO CONTRIBUTE SUBSTANTIALLY TO THE WORLD IN WHICH THEY LIVE

2		on undertake any significa O or 990-EZ?		e year which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on Sc	hedule O		
3		on cease conducting, or m	nake significant changes in ho	wit conducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedu	le O		
4	Section 501(c)(3)	and 501(c)(4) organizati		three largest program services rusts are required to report the a gram service reported	
4a	(Code) (Expenses \$	56,673,272 including grants o	f \$ 19,705,209) (Revenue	\$ 63,383,794)
	NATIONALLY RECOGI SCHOOLS, AND 77%	NIZED AS AN EXCELLENT RESIDI WHO APPLY TO PROFESSIONAL	ENTIAL, STUDENT-CENTERED UNDER . HEALTH SCHOOLS ARE ACCEPTED \	EAR, PRIVATE, LIBERAL ARTS COLLEGE GRADUATE INSTITUTION 88% OF STU WITHIN SIX MONTHS OF COMMENCEME D5 FULL-TIME EQUIVALENT STUDENTS	JDENTS WHO APPLY TO LAW ENT, 91% ENTER GRADUATE SCHOOL
4b	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of	\$) (Revenue \$)
4d	Other program s	ervices (Describe in Sch	edule O)		
	(Expenses \$	ınclı	uding grants of\$) (Revenue \$)
4e	Total program se	rvice expenses►\$	56,673,272		

Dart TV	Checklist	of Required	Schedules
	CHECKHAL	oi keuulieu	Juliculies

			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		No
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		
6	Did the organization maintain any donor advised funds or any similar funds or 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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
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, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	•
13	Is the organization a school 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 United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

art V	Statements Regarding Other IRS Filings and Tax Compliance	
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			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c			
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				
b	If at least one is reported on line 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 (see instructions)	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		Νο	
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, 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		Νo	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?				
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).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo	
	· · · · · · · · · · · · · · · · · · ·				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
LO	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				
	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				

T SZEJKOASSOCIATE VP OF FINANCE

60 S LINCOLN STREET WASHINGTON, PA 15301

(724) 223-6009

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)	$\overline{}$	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		163	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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	Yes	
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	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ▶PA			
18	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.			
19	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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ie orga	nızatıor	n

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

			_
1b Total	1,124,810	0	304,071

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -8

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RYCON CONSTRUCTION 2525 LIBERTY AVENUE PITTSBURGH, PA 15222	CONSTRUCTION SRVCS SCIENCE BUILDING	20,237,588
PARKHURST DINING SERVICE PO BOX 644091 PITTSBURGH, PA 152644090	FOOD SERVICE	3,333,981
ARAMARK MANAGEMENT SERVICES NEWARK, NJ 071880170	FACILITY MANAGEMENT	3,054,265
THE FIRST MARBLEHEAD CORPORATION 800 BOYLSTON STREET BOSTON, MA 02199	STUDENT LOAN COLLECTIONS	694,057
EINHORN YAFFEE PRESCOTT PO BOX 617 ALBANY, NY 122010617	ARCHITECT /ENGINEER CONSULTANT	483,994
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►16) who received more than	

Page 8

Form 9								Page 9
Part	V1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$E	1a	Federated cam	paigns 1a					
ora ora	Ь	Membership du	es 1b					
t5, ∰	C	Fundraising eve		7,838				
<u> </u>	d	Related organiz Government grants	rations 1d	1,919,732				
Sign Similar	e	_	ons, gifts, grants, and 1f	5,976,886				
흊	'	sımılar amounts no	ot included above					
Contributions, gifts, grants and other similar amounts	g		butions included in ,122,642					
S E	h	_	s 1a-1f	▶	7,904,456			
<u> </u>		Bu		Business Code				
ne un	2a	TUITION AND FEES	5	900,099	48,976,557	48,976,557		
æ	b	STUDENT SERVICE	S .	900,099	13,463,161	13,463,161		
Program Serwce Revenue	C	PROGRAMS		900,099	1,079,334	944,076	135,258	
S.	d							
ig Eg	e •	All other progra	am service revenue					
i) L	'							
<u> </u>	g		s 2a-2f		63,519,052			
	3		ome (including dividend ar amounts)	. F	1,029,006		-18,794	1,047,800
	4		stment of tax-exempt bond p				· · · · · · · · · · · · · · · · · · ·	
	5	Royalties		• [
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental	26,293 29,709					
	b	expenses						
	C	Rental income or (loss)	-3,416					
	d	Net rental inco	me or (loss)		-3,416			-3,416
	7a	Gross amount from sales of assets other than inventory	(i) Securities 46,766,113	(II) O ther				
	ь	Less cost or other basis and sales expenses	47,268,600					
	d	Gain or (loss)	-502,487		-502,487			-502,487
	8a	Gross income f						
Other Revenue		of contributions See Part IV, lin	,838 s reported on line 1c) le 18 a	59,084				
ŧ	b c		penses b (loss) from fundraising e	28,400 Pyents	30,684			30,684
J	9a	Gross income f	rom gaming activities	svents	23,223			
	b		a penses b (loss) from gaming activ	21,300 5,655 //ties	15,645			15,645
		Gross sales of returns and allo	ınventory, less	vittes	13,013			13/013
	ь		a oods sold b	1,014,440 717,602	205 22-			20.5 00-
	С	Net income or ((loss) from sales of inve	Business Code	296,838			296,838
	11a	miscenaneou:	o weating	Dasilless Code				
	b							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d					
	12	Total revenue.	See Instructions		70	60.655		
					72,289,778	63,383,794	116,464	885,064

	990 (2009)				Page 10		
Part	Part IX Statement of Functional Expenses						
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.							
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D).	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	270,000	270,000				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	19,013,906	19,013,906				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	421,303	421,303				
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	1,617,661	841,195	396,864	379,602		
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	15,498,692	12,585,137	2,224,919	688,636		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,193,476	914,208	197,678	81,590		
9	Other employee benefits	3,497,344	2,312,065	974,794	210,485		
10	Payroll taxes	1,362,700	1,103,987		76,446		
11	Fees for services (non-employees)	1,302,700	1,103,567	102,207	, 0, 770		
a	Management	644,461	3,204	640,669	588		
а ь	Legal		3,204	 			
	Accounting	17,165		17,165			
C L	-	62,636		62,636			
d	Lobbying	54,173		54,173			
e	Professional fundraising See Part IV, line 17						
f	Investment management fees	220,549		220,549			
g	Other	3,230,502		3,230,502			
12	Advertising and promotion	183,090	183,090	 			
13	Office expenses	695,901	332,386	· ·	141,086		
14	Information technology	126,754	126,754				
15	Royalties						
16	Occupancy	2,525,312	579,403	1,945,909			
17	Travel	1,258,671	1,030,375	176,734	51,562		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	123,559	21,342	52,663	49,554		
20	Interest	3,059,643	3,059,643				
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	5,170,796	4,912,256	258,540			
23	Insurance	447,336	447,336				
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	2,834,292	2,834,292				
ь	BAD DEBT EXPENSE	1,245,789	1,245,789				
c	ATHLETIC & GAME EXPENSE	926,785	926,785				
d	STUDENT SERVICE EXPENSE	926,128	926,128		_		
e	NON-CAPITAL SMALL EQUIP	688,365	314,933	370,877	2,555		
f	All other expenses	2,381,980	2,267,755	· · ·	43,334		
25	Total functional expenses. Add lines 1 through 24f	69,698,969	56,673,272		1,725,438		
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	53,536,363	33,373,272	22,330,233	2,723,130		
		1		<u> </u>			

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing 8.101.309 2 29.161.926 2 3,078,326 3 1,969,539 3 4 2.196.352 1.962.611 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 341,866 6 260,156 1,470,205 1,793,705 326,626 203.690 1,380,053 2,069,553 Land, buildings, and equipment cost or other basis Complete 197.467.264 10a 10a Part VI of Schedule D 95,062,588 **10c** 10b 57,436,583 140.030.681 b Less accumulated depreciation 68.871.359 38.138.254 11 11 30,011,007 12 38.146.051 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 339,666 15 549.130 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 211,179,357 16 254,285,296 5.427.749 17 5.264.156 17 Accounts payable and accrued expenses . 18 18 3,015,258 19 1,837,755 19 27,388,206 64,680,337 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 5.820.067 25 5.402.929 26 **Total liabilities.** Add lines 17 through 25 41,651,280 77,185,177 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets 81,479,447 99.807.363 27 27 28 45.898.920 28 32.440.105 Temporarily restricted net assets Fund 42.149.710 29 44.852.651 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ĕ 169,528,077 177, 100, 119 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 211,179,357 34 254,285,296

			Yes	No			
1	Accounting method used to prepare the Form 990						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo			
b	b Were the organization's financial statements audited by an independent accountant?						
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both						
	▼ Separate basis						
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes				

Form **990** (2009)

Employer identification number

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

WASHINGTON & JEFFERSON COLLEGE

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

		25-0965601			
Par	tΙ	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
The o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state	(iii). Enter	the	
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental uni	t describe	d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)			
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(ν).			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from th described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public	
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	ıp fees, ar	d gros	3 S
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha	n 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr	om busine	sses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
10	Г	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h		1)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more d other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	•	•	
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III superheads this box	pporting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	r		
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
h		Provide the following information about the supported organization(s)			
		1	1		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you not organizat col (i) of suppor	ion in your	organizati col (i) orga	(vi) Is the organization in col (i) organized in the US?	
		instructions))	Yes	No	Yes	No	Yes	No]
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual tiustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	anızatıon (W- organızatıons	
JERRELL ANGELL TRUSTEE	50	х						0	0	0
JOHN W BEAN TRUSTEE (ENT 10/02/09)	50	Х						0	0	0
ROBERT M BEAVERS JR TRUSTEE	50	Х						0	0	0
JAMES W CAMERON TRUSTEE	50	Х						0	0	0
GARY L CHURGIN TRUSTEE	50	Х						0	0	0
RICHARD T CLARK TRUSTEE	50	Х						0	0	0
JONATHAN M CONRAD TRUSTEE	50	Х						0	0	0
PATRICK A CORRENTYMD TRUSTEE	50	Х						0	0	0
SAMUEL J DAVISESQ TRUSTEE	50	Х						0	0	0
MCCLELLAN A DUBOIS TRUSTEE	50	Х						0	0	0
LYN M DYSTERPHD TRUSTEE	50	Х						0	0	0
LAUREN M FARRELL TRUSTEE	50	Х						0	0	0
WALTER FLAMENBAUM MD TRUSTEE (ENT 02/27/10)	50	Х						0	0	0
JOHN E FRAZIER II MD TRUSTEE	50	Х						0	0	0
JAMES F GISMONDI TRUSTEE	50	Х						0	0	0
GRETCHEN B GOCKLEY TRUSTEE	50	Х						0	0	0
MELISSA A HARTESQ TRUSTEE	50	Х						0	0	0
ELIZABETH HURWITZ-SCHWAB TRUSTEE	50	Х						0	0	0
THOMAS J LEYDIG TRUSTEE	50	Х						0	0	0
WILLIAM N MACARTNEY III TRUSTEE	50	Х						0	0	0
CHARLES F MARCY TRUSTEE	50	Х						0	0	0
JAMES J MCCAFFREY TRUSTEE	50	Х						0	0	0
ALBERT G NICKEL TRUSTEE	50	Х						0	0	0
CHONG S PARK MD TRUSTEE	50	Х						0	0	0
WILLIAM S PLATT TRUSTEE	50	Х						0	0	0
LAUREN M FARRELL TRUSTEE WALTER FLAMENBAUM MD TRUSTEE (ENT 02/27/10) JOHN E FRAZIER II MD TRUSTEE JAMES F GISMONDI TRUSTEE GRETCHEN B GOCKLEY TRUSTEE MELISSA A HARTESQ TRUSTEE ELIZABETH HURWITZ-SCHWAB TRUSTEE THOMAS J LEYDIG TRUSTEE WILLIAM N MACARTNEY III TRUSTEE CHARLES F MARCY TRUSTEE JAMES J MCCAFFREY TRUSTEE ALBERT G NICKEL TRUSTEE CHONG S PARK MD TRUSTEE WILLIAM S PLATT	50 50 50 50 50 50 50 50 50	x x x x x x x x x x x x x x x x x x x						0 0 0 0 0 0 0 0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (F) (A) (D) (B) (C) (E) Position (check all Name and Title Average Reportable Reportable Estimated hours that apply) compensation compensation amount of other from the from related per compensation Highest employe week organization (Worganizations from the Individual trustee or director Institutional 중 연 2/1099-MISC) (W-2/1099organization and MISC) related t compensated ee employee organizations Trustee AMICHAEL PRATTESQ 50 Χ TRUSTEE EMILES PRENTICE IIIESQ 50 Х TRUSTEE DIANA L REEDESQ 50 Χ TRUSTEE DAVID A ROSS 50 Χ TRUSTEE LOUISE K ROSS 50 Х TRUSTEE DAVID A STEINBERG 50 Χ 0 TRUSTEE LEANNE TRACHOK 50 Χ TRUSTEE CRAIG A VARGAESQ 50 Χ TRUSTEE DRALBERTO W VILAR 0 0 0 Х TRUSTEE(EXITED 10/02/09) CHARLES T NASON 5 0 0 Χ Χ CHAIRMAN KENNETH R MELANI MD 2 50 Χ Χ 1ST VICE CHAIR/TREASURER BARBARA R DEWITT 2 50 Χ Χ VICE CHAIR B JOHN PENDLETON JR ESQ 2 50 Х Χ 0 VICE CHAIR WILLIAM M STOUT 2 50 Χ Χ VICE CHAIR JAMES J BARNESESO Χ 2 50 Χ SECRETARY DRTORI HARING-SMITH 171,392 55 00 Х Χ 289,270 PRESIDENT DENNIS MCMASTER 154,086 27,113 55 00 Χ VP FOR BUSINESS&FINANCE ALTON NEWELL 157,594 25,802 55 00 Χ VP FOR ENROLLMENT MICHAEL GRZESIAK 55 00 Χ 144,616 20,598 VP FOR DEVELOPMENT TIMOTHY MURPHY 40 00 Х 139,066 24,350 ASSOCIATE PROFESSOR JAN CZECHOWSKI 55 00 Χ 134,380 14,231 VP FOR ACADEMIC AFFAIRS JOHN GREGOR 105,798 20,585 40 00 Χ PROFESSOR KAREN CRENSHAW 35 00 Χ 97,073 18,863 EX DIR CAMPAIGNS/ADV OP

35 00

55 00

96,786

94,233

Χ

Χ

54,217

19,483

TOM SZEJKO

BYRON MCCRAE

ASSOC VP FOR BUSINESS

VP & DEAN OF STUDENT LIFE

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD SERVICE	2,834,292	2,834,292		
BAD DEBT EXPENSE	1,245,789	1,245,789		
ATHLETIC & GAME EXPENSE	926,785	926,785		
STUDENT SERVICE EXPENSE	926,128	926,128		
NON-CAPITAL SMALL EQUIP	688,365	314,933	370,877	2,555

DLN: 93493073004091

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 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Se If the	ction 501(c)(3) organizations that	t have filed Form 5768 (election und t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (zations Complete Part III	n under section 501	(h)) Complete Part II-B Do n	ot complete Part II-A
Na	me of the organization SHINGTON & JEFFERSON COLLEGE	zationio complete i art iii			itification number
Dar	t I-A Complete if the or	ganization is exempt unde	r section 501/	25-0965601	organization
	-		_		organization.
1	•	ganızatıon's dırect and ındırect pol	itical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization i	under section 4955	5 -	\$
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt funtion activities	organization's funds contributed to	other organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter her	e and on Form 112	.0-POL, line 17b ►	¢
4	Did the filing organization file F	Form 1120-POL for this year?			↑ Tyes No
5	were made For each organizat contributions received that we	nd employer identification number ion listed, enter the amount paid from promptly and directly delivered intee (PAC). If additional space is	om the filing organ to a separate politi	ızatıon's funds Also enter t cal organızatıon, such as a	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's 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-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election	
4	Check If the filing organization belongs to a				
<u>B</u>	Check If the filing organization checked bo	x A and "limited control" provisions apply		1	
	Limits on Lobbying E (The term "expenditures" means a	(a) Filing Organization's Totals	(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influence public o	C			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	54,173	1	
c	Total lobbying expenditures (add lines 1a and 1	b)	54,173		
d	Other exempt purpose expenditures		69,634,796		
е	Total exempt purpose expenditures (add lines 1	69,688,969			
f	Lobbying nontaxable amount Enter the amount columns	obbying nontaxable amount Enter the amount from the following table in both olumns			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	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			
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000)	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-			
	Subtract line 1 ffrom line 1 c If zero or less ente				

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 2a through 2f on page 4.)

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
_ b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
_c	Total lobbying expenditures	75,619	82,811	69,709	54,173	282,312			
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f	Grassroots lobbying expenditures								

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2611	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493073004091

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

erna	l Revenue Service	► Attach to Fo	orm 990. 🟲 See separate inst	ruct ions.			Inspec	tion
	me of the organi				Empl	oyer identifica	tion numb	er
vv AS	SHINGTON & JEFFER	(SUN CULLEGE			25-0	965601		
Pa	rt I Organ	izations Maintaining Donor Ad	dvised Funds or Other	Similar Fu			. Comple	te if the
	organiz	zation answered "Yes" to Form 99	,				·	
			(a) Donor advised fu	ands	(b) Funds and c	ther accou	unts
•	Total number a	t end of year						
2		tributions to (during year)						
		nts from (during year)						
		ue at end of year						
•	-	zation inform all donors and donor advi organization's property, subject to the o	5		or advis	sed	☐ Yes	☐ No
i	used only for c	zation inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit	-	-	•		☐ Yes	┌ No
a	rt III Conse	rvation Easements. Complete	ıf the organızatıon answe	red "Yes" to	Form	990, Part I\	/, line 7.	
• !	Preservati Protection Preservati Complete lines	conservation easements held by the or ion of land for public use (e g , recreati i of natural habitat ion of open space s 2a–2d if the organization held a quali he last day of the tax year	on or pleasure) Prese	ervation of an	ertıfıed	cally importan historic struc		e a
						Held at the	End of the	e Year
а	Total number o	of conservation easements			2a			
b	Total acreage i	restricted by conservation easements			2b			
c	Number of cons	servation easements on a certified his	toric structure included in (a	()	2c			
d	Number of cons	servation easements included in (c) ac	equired after 8/17/06	L	2d			
;	the taxable yea	servation easements modified, transfe ar			d by the	e organization	during	
i	Does the organ	nization have a written policy regarding f the conservation easements it holds?	– the periodic monitoring, ins		— ling of	violations, and	│ │ Yes	┌ No
•	Staff and volun	iteer hours devoted to monitoring, insp	ecting and enforcing conserv	vation easeme	ents du	ring the year i	·	
,	A mount of expe	enses incurred in monitoring, inspectii	ng, and enforcing conservation	on easements	during	the year 🟲 🕏 .		
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the require	ments of sect	tion		☐ Yes	┌ No
)	balance sheet,	escribe how the organization reports co and include, if applicable, the text of t on's accounting for conservation easen	he footnote to the organization		•			
ar		izations Maintaining Collectio ete if the organization answered "			or Oth	er Similar	Assets.	
.a	art, historical t	tion elected, as permitted under SFAS treasures, or other similar assets held t XIV, the text of the footnote to its fin	for public exhibition, educati	ion or researc	h ın fur			e,
b	historical treas	tion elected, as permitted under SFAS sures, or other similar assets held for p lowing amounts relating to these items	oublic exhibition, education, o					
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1				► \$		
	(ii) Assets incl	luded in Form 990, Part X						
2	If the organizat	tion received or held works of art, histories required to be reported under SFA:			r financ			
а	Revenues incli	uded in Form 990. Part VIII. line 1				▶ \$		

b Assets included in Form 990, Part X

	Par	Organizations Maintaining Co	<u>llections of Art</u>	, His	torical Tre	eas	ures, or O	the	r Similar <i>i</i>	Asse	ets (co	ntınued)
b	3		r records, check any	y of th	e following th	nat a	re a significa	ant u	ise of its colle	ectioi	n	
c	а	Public exhibition		d	┌ Loan o	rexo	hange progr	ams				
Part XIV Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds, rather than to be maintained as part of the organization answered "Yes" to Form 990, Part XV. Part XIV Secretary Part XIV	b	Scholarly research		e	┌ Other							
Part XIV Source and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XIV Isservand Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XIV, line 9, or reported an amount on Form 990, Part X, line 21. Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X and complete the following table	c	Preservation for future generations										
assets to be sold to raise funds at ther than to be maintained as part of the organization's collection?	4		ollections and expla	ın hov	v they further	the	organızatıon	ı's ex	kempt purpos	e ın		
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table	5	- · · · · -			,				nılar	Г	Yes	√ No
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table Fires, "explain the arrangement in Part XIV and complete the following table	Pai						n answere	d "Y	es" to Form	1 990),	
The included on Form 990, Part X? Yes No		, , , , , , , , , , , , , , , , , , ,			•							
A A A A A A A A A A	1a	included on Form 990, Part X?				ions	or other ass	ets	not	Γ	Yes	Г No
1c	b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng table		_		I			
Mathematic Mat										A mou	ınt	
Distributions during the year Distributions Distribution							-					
This		- '					-					
Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current Year (b) Prior Year (c) Two Years Back (d) Three Years Back (e) Four Years Back (e)							-					
b If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current Year (b)Prior Year (c)Two Years Back (d)Three Years Back (e)Four Years And Years And Years And Years And Years And Ye	f	-					L	1f				
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current Year (b) Prior Year (c) Two Years Back (d) Three Years Back (e) Four Years Back (d) Three Years Back (e) Four Years Back (d) Three Years Back (e) Four Years Back (d) Three Years Back (d) Three Years Back (e) Four Years Back (d) Three Years Back (e) Three Years Back (d) Three Years Back (d) Three Years Back (e) Three Years Back (d) Three		-	•	e 21?						Г	Yes	No
(a)Current Year (b)Prior Year (c)Two Years Back (d)Three Years Back (e)Four Years Back (d)Three Years (d)Three Years Back (d)Three Years B												
Beginning of year balance	Pa	rt V Endowment Funds. Complete									NEOUr V	aare Back
to Contributions	la	Beginning of year balance	_ ` ′	(1)	-	+	TWO TEATS DAC	<u> </u>	Jimee rears ba	CK (C	s) our re	cars back
to Investment earnings or losses	_		4,265,777		1,163,346							
d Grants or scholarships	c		8,070,543		-22,017,494			+				
and programs	d		2,009,438									
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment 12 700 % % Permanent endowment 53 610 % % C Term endowment 33 690 % % Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations 3a(i) Yes (ii) related organizations 3a(ii) No b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book validations (d) Book validation	e	· · · · · · · · · · · · · · · · · · ·	2,264,228		4,631,492							
Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment 12 700 % % b Permanent endowment 33 690 % % C Term endowment 33 690 % % Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Administrative expenses										
Board designated or quasi-endowment	g	End of year balance	83,668,287		75,605,633							
b Permanent endowment	2	Provide the estimated percentage of the yea	r end balance held a	as								
Term endowment 33 690 % % Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	а	Board designated or quasi-endowment 🕨	12 700 % %									
A re there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	ь	Permanent endowment ► 53 610 % %	•									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	С	Term endowment ► 33 690 % %										
(i) unrelated organizations	За	Are there endowment funds not in the posses	ssion of the organiza	atıon t	hat are held	and	administere	d for	the			
(ii) related organizations		-							_		+	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 3b Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment		.,				•		•			Yes	
Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (b) Buildings (c) Accumulated depreciation (d) Book value (d) Boo	_	• •			abadula D2	•		•	<u> 3</u>		<u> </u>	N O
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value and the value and the pass (other) 1a Land 10,617,135 10,617,135 10,617,135 b Buildings 148,876,983 34,655,733 114,221,135 c Leasehold improvements 10,617,135 10,617,135			·			•		•		30		
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value and						00. P	Part X. line	10.				
b Buildings			-, and equipme		(a) Cost or ot	ther	(b)Cost or ot	her			(d) Boo	k value
b Buildings 148,876,983 34,655,733 114,221, c Leasehold improvements 148,876,983 34,655,733 114,221,	La	Land					10,617	,135		\dashv	10),617,13
c Leasehold improvements									34,655,	733		1,221,250
		<u> </u>					, , , ,		, -,	\top		
		·					24,702	,155	17,451,	596	-	7,250,559
e Other		• •					·			-		7,941,737

140,030,681

Part VIII Investments—Other Securities. See I	orm 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cook of the cook o
Closely-held equity interests		
Other	7.054.057	_
DIVERSIFIED INFLATION HEDGE	7,251,357	F
SECUR HELD IN TRUST BY OTHERS	5,312,631	F
CACH CURRENDER VALUE OF LIFE INCURANCE		
CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES	471,247	F
INVESTMENTS - REAL ESTATE	1,172,193	C
INT'L GROWTH EQUITY FUND	7,306,955	F
INVEST IN OTHER HEDGE FUNDS	13,135,518	F
INVESTMENT IN LIMITED P-SHIP	3,366,772	F
	420.270	_
COMMON STOCK	129,378	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	38,146,051	
Part VIII Investments—Program Related. See		3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-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, col (B) line 13)	e 15.	
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part V, col (P) line 1	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED RETIREE HEALTHCARE BENEFITS	, line 25. (b) A mount 2,583,739	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ACCRUED RETIREE HEALTHCARE BENEFITS FED GOV ADVANCES FOR STUDENT LOANS	2,583,739 1,838,638	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED RETIREE HEALTHCARE BENEFITS FED GOV ADVANCES FOR STUDENT LOANS LIABILITIES UNDER LIFE INTEREST AGREEM	2,583,739 1,838,638 708,887	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED RETIREE HEALTHCARE BENEFITS FED GOV ADVANCES FOR STUDENT LOANS LIABILITIES UNDER LIFE INTEREST AGREEM	2,583,739 1,838,638 708,887	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED RETIREE HEALTHCARE BENEFITS FED GOV ADVANCES FOR STUDENT LOANS LIABILITIES UNDER LIFE INTEREST AGREEM	2,583,739 1,838,638 708,887	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED RETIREE HEALTHCARE BENEFITS FED GOV ADVANCES FOR STUDENT LOANS LIABILITIES UNDER LIFE INTEREST AGREEM	2,583,739 1,838,638 708,887	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED RETIREE HEALTHCARE BENEFITS FED GOV ADVANCES FOR STUDENT LOANS LIABILITIES UNDER LIFE INTEREST AGREEM	2,583,739 1,838,638 708,887	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED RETIREE HEALTHCARE BENEFITS FED GOV ADVANCES FOR STUDENT LOANS LIABILITIES UNDER LIFE INTEREST AGREEM	2,583,739 1,838,638 708,887	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED RETIREE HEALTHCARE BENEFITS FED GOV ADVANCES FOR STUDENT LOANS LIABILITIES UNDER LIFE INTEREST AGREEM	2,583,739 1,838,638 708,887	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED RETIREE HEALTHCARE BENEFITS FED GOV ADVANCES FOR STUDENT LOANS LIABILITIES UNDER LIFE INTEREST AGREEM	2,583,739 1,838,638 708,887	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes ACCRUED RETIREE HEALTHCARE BENEFITS FED GOV ADVANCES FOR STUDENT LOANS LIABILITIES UNDER LIFE INTEREST AGREEM	2,583,739 1,838,638 708,887	

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	72,289,778
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	69,698,969
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,590,809
4	Net unrealized gains (losses) on investments	4	6,972,705
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,991,472
9	Total adjustments (net) Add lines 4 - 8	9	4,981,233
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,572,042
Par	t XII 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	60,608,640
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)		
e	Add lines 2a through 2d	2e	-12,462,504
3	Subtract line 2e from line 1	3	73,071,144
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) 4b -781,366		
c	Add lines 4a and 4b	4c	-781,366
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	72,289,778
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	51,045,126
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
- а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 781,366	1	
e	Add lines 2a through 2d	2e	781,366
3	Subtract line 2e from line 1	3	50,263,760
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	19,435,209
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	69,698,969
Pai	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Ident if ier	Return Reference	Explanat ion
Part 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 ARE RECORDED AS OPERATING EXPENDITURES IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED CONTRIBUTED COLLECTION ITEMS WITH A VALUE UNDER \$5,000 ARE NOT REFLECTED IN THE FINANCIAL STATEMENTS
Part 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
Part X	Description of Uncertain Tax Positions Under FIN 48	THE COLLEGE FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL STATEMENTS THE COLLEGE'S STATEMENTS OF FINANCIAL POSITION AT JUNE 30, 2010 AND 2009 DO NOT INCLUDE ANY LIABILITIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, FURTHER, THE COLLEGE HAS NO UNRECOGNIZED TAX BENEFITS
Part XI, Line 8 - Other Adjustments		MERGER OF WASHINGTON & JEFFERSON DEVELOPMENT CORPORATION UNRESTRICTED FUNDS -1991472
		PART XII, LINE 2D STUDENT FINANCIAL AID \$ (19,435,209) PART XII, LINE 4B RENTAL EXPENSES \$ (29,709) PART XII, LINE 4B DIRECT FUNDRAISING EXPENSE \$ (34,055) PART XII, LINE 4B COSTS OF GOODS SOLD FROM BOOKSTORE \$ (717,602) TOTAL PART XII, LINE 4B \$ (791,366) PART XIII, LINE 2D RENTAL EXPENSES \$ 29,709 PART XIII, LINE 2D DIRECT FUNDRAISING EXPENSE \$ 34,055 PART XIII, LINE 2D COSTS OF GOODS SOLD FROM BOOKSTORE \$ 717,602 TOTAL PART XIII LINE 2D \$ 791,366 PART XIII, LINE 4B STUDENT FINANCIAL AID \$ 19,435,209

Additional Data

Software ID: Software Version:

EIN: 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
DIVERSIFIED INFLATION HEDGE	7,251,357	F
SECUR HELD IN TRUST BY OTHERS	5,312,631	F
CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES	471,247	F
INVESTMENTS - REAL ESTATE	1,172,193	С
INT'L GROWTH EQUITY FUND	7,306,955	F
INVEST IN OTHER HEDGE FUNDS	13,135,518	F
INVESTMENT IN LIMITED P-SHIP	3,366,772	F
COMMON STOCK	129,378	F

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

WASHINGTON & JEFFERSON COLLEGE

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

► Attach to Form 990 or Form 990-EZ.

Employer identification number 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?	1	Yes	
2	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?	2	Yes	
3	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			
4	Does the organization maintain the following?			
а	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 basis?	4b	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, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		No
h	Admissions policies?			
b	Autilissions policies.	5b		No
c	Employment of faculty or administrative staff?	5c		N. o
Ī	Employment of lacalty of autimistrative stain	30		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		Νo
f	Use of facilities?			N
•	ose of facilities.	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
_		_		
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	<u> </u>
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) . # 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 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	
r Pı	ivacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50085D Schedule E (Form 99	0 or 9	90-EZ)	2009

DLN: 93493073004091

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Open to Public **Inspection**

Name of the org	janization	
WASHINGTON	& JEFFERSON	COLLEGE

Employer identification number

25-0965601

Part I	General Information on	Activities Outside the U	United States.	Complete if the	organization	answered
	"Yes" to Form 990, Part IV,	line 14b.				

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance?	Yes	<u>~</u>	No

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3	Activites per Region	(Use Schedule F-1	(Form 990) if additional 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)		(f) Total expenditures for region
EUROPE	0	0	STUDY ABROAD	STUDENT AID	474,749
NORTH AMERICA	0	0	STUDY ABROAD	STUDENT AID	7,727
EAST ASIA AND PACIFIC	0	0	STUDY ABROAD	STUDENT AID	42,573
CENTRAL AMERICA & CARIBBEAN	0	0	STUDY ABROAD	STUDENT AID	2,200
SOUTH AMERICA			GRANTS TO RECIPIENTS LOCATED IN REGION	STUDENT AID	23,125
EAST ASIA AND THE PACIFIC			GRANTS TO RECIPIENTS LOCATED IN REGION	STUDENT AID	66,375
MIDDLE EAST AND NORTH AFRICA			GRANTS TO RECIPIENTS LOCATED IN REGION	STUDENT AID	23,250
EUROPE			GRANTS TO RECIPIENTS LOCATED IN REGION	STUDENT AID	287,688
SUB-SAHARAN AFRICA			GRANTS TO RECIPIENTS LOCATED IN REGION	STUDENT AID	20,865
CENTRAL AMERICA & CARIBBEAN			INVESTMENTS	N/A	
	0	0			948,552
For Privacy Act and Paperwork R	eduction Act Notic	ce, see the Instruc	tions for Form 990.	Cat No 50082W Sche	edule F (Form 990) 2009

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

	T T (TOTTI 330) II da	dicional space	is nececui				
(a) Type of grant or assistance	(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)
STUDENT AID	SOUTH AMERICA	4	23,125	N/A		N/A	N/A
STUDENT AID	EAST ASIA AND THE PACIFIC	11	66,375	N/A		N/A	N/A
STUDENT AID	EUROPE	42	287,688	N/A		N/A	N/A
STUDENT AID	SUB-SAHARAN AFRICA	2	20,865	N/A		N/A	N/A
STUDENT AID	MIDDLE EAST AND NORTH AFRICA	3	23,250	N/A		N/A	N/A

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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DLN: 93493073004091

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Name of the organization **Employer identification number** WASHINGTON & JEFFERSON COLLEGE

					25-0965601	•
	ctivities. Complet rs are not required			tion answered "Yes" is part.	to Form 990, Part IV	, line 17.
Indicate whether the orga	ınızatıon raısed funds	through a	any of the	following activities Ch	eck all that apply	
a Mail solicitations		_	e		n-government grants	
b Internet and e-mail so	olicitations		f	Solicitation of go		
c Phone solicitations			q	Special fundraisir		
d In-person solicitation	ıs		J	·		
Did the organization have or key employees listed ii						Γ _{Yes} Γ _{No}
b If "Yes," list the ten higher to be compensated at least						
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo conti	er have dy or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
otal						
				•	•	•
List all states in which t licensing	he organization is reg	gistered o	rlicensed	d to solicit funds or has	been notified it is exem	pt from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed
			(a) Event #1 GOLF OUTING (event type)	(b) Event #2 B-BALL GOLF OUTING (event type)	(c) O ther Events 2 (total number)	(d) Tot (Add col co		
至	1	Gross receipts	31,934	10,660	24,328		6	6,922
Revenue	2	Less Charitable contributions	7,838	3				7,838
	3	Gross income (line 1 minus line 2)	24,096	10,660	24,328		59	9,084
	4	Cash prizes		300				300
မွာ	5	Non-cash prizes	1,776	5	1,804			3,580
euse	6	Rent/facility costs	6,375	1,206	2,495		1	0,076
Direct Expenses	7	Food and beverages	4,483	300	2,820			7,603
<u>চ</u>	8	Entertainment						
Δ	9	Other direct expenses .	4,373	3	2,468		ı	6,841
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	•		2	8,400
	11	Net income summary Combine li						0,684
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repoi	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1	Gross revenue			21,300		2	1,300
penses	2	Cash prizes			5,000		,	5,000
<u>B</u>	3	Non-cash prizes						
Dreat B	4	Rent/facility costs						
ă	5	Other direct expenses			655			655
	6	Volunteer labor	Г Yes		Yes			
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				5,655
	8	Net gaming income summary Com	bine lines 1, column d, ar	nd line 7				5,645
9 a		er the state(s) in which the organiza he organization licensed to operate				· 9a	Yes	No No
b		No," Explain						NO
10a b		e any of the organization's gaming (es," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		No
11 12	Is t	s the organization operate gaming he organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity	11		No_
					Schedule G (Form 9		EZ) 20	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter 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?		No
b	If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the		
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name Name		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Calling manager compensation = \$\psi\$		
	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		
4	retain the state gaming license?		No
ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent	+	110
	in the organization's own exempt activities during the tax year 🟲 \$		

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Schedule I

(Form 990)

Department of the Treasury

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

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

Attach to Form 990

OMB No 1545-0047

2009

DLN: 93493073004091

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization WASHINGTON & JEFFERSON COLLEGE 25-0965601 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (f) Method of (a) Description of (e) A mount of non-(h) Purpose of grant organization ıf applicable valuation non-cash assistance or assistance grant cash (book, FMV, appraisal or government assistance other) CITY OF WASHINGTON PA 256000886 170(b)(ı)(a)(v) 190,000 COMMUNITY SUPPORT C/O 655 WMAIDEN ST WASHINGTON, PA 15301 80,000 CITY OF WASHINGTON PA 256000886 170(b)(ı)(a)(v) COMMUNITY SUPPORT C/O 655 WMAIDEN ST WASHINGTON, PA 15301

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

(a)Type of grant or assistance	(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	1336	18,428,985			
STUDENT ASSISTANCE FOR ACADEMIC SUPPORT	29	584,921			
See Additional Data Table					

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

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

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DLN: 93493073004091

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

WA	SHINGTON & JEFFERSON COLLEGE		25-0965601			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p					
	First-class or charter travel	~	Housing allowance or residence for personal use			
	•	Г	Payments for business use of personal residence			
		_	Health or social club dues or initiation fees			
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organi reimbursement orprovision of all the expenses described			1b	Yes	
2	Did the organization require substantiation prior to reimbofficers, directors, trustees, and the CEO/Executive Directors			2	Yes	
3	Indicate which, if any, of the following the organization usorganization's CEO/Executive Director Check all that a	ppl	у			
	·		Written employment contract			
		고 マ	Compensation survey or study Approval by the board or compensation committee			
	Point 990 of other organizations	1*	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payi	men	nt?	4a		No
ь	Participate in, or receive payment from, a supplemental	non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based	d co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	e th	ne applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must compensation contingent on the revenues of					
а	The organization?			5a		No
	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	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 payments not described in lines 5 and 6? If "Yes," desc			7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Regin Part III			8		No
9	If "Yes" to line 8, did the organization also follow the reb	outt	able presumption procedure described in Regulations			1,10

section 53 4958-6(c)?

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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	ļ	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DRTORI HARING- SMITH	(I) (II)	274,128 0	0	15,142	133,103	38,289 0	460,662	
DENNIS MCMASTER	(ı) (ıı)	149,934 0	0	4,152 0	12,000	15,113 0	181,199	
ALTON NEWELL	(ı) (ıı)	153,151 0	0	' ','''	12,000	I	183,396	
MICHAEL GRZESIAK	(ı) (ıı)	142,452 0	0	2,164	I I		3 165,214 0 0	•
TIMOTHY MURPHY	(ı) (ıı)	138,841	0	' <u></u> 3		I	163,416	
			<u> </u>	<u> </u>				
			 	 			'	
_								
			 	<u> </u>			<u>'</u>	
							-	
						1	,	
	'	'	1	1		1	,	1

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

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

Schedule K

(Form 990)

WASHINGTON & JEFFERSON COLLEGE

DLN: 93493073004091

OMB No 1545-0047

Open to Public

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Inspect ion **Employer identification number**

25-0965601

_	art I Bond Issues													
P	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of I	Purpose	(g) De	feased	Beh	On alf of suer
											Yes	No	Yes	No
A	WASHINGTON COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	25-1437320	93859RAT4	03-22-	-2010	62,0	084,003	REFUNDIN PROJECTS	G, CAPITA	L		х		x
В	WASHINGTON COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	25-1437320		09-01-	-2009	4,!	500,000	CAPITAL P	ROJECTS			×		х
Pa	art III Proceeds					_								
					A		В		С		D		E	
1	Total proceeds of issue			6	3,375,000		4,500,00	00						
_2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasan	ice escrows		6	50,607,135									
4	Other unspent proceeds													
_5	Issuance costs from proceeds				555,812		44,20	00						
6	Working capital expenditures from													
7	Capital expenditures from procee	ds			924,056	1	4,455,80	00						
8	Year of substantial completion			20	10	20	15							
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is	sue?	Х			X							
10	Were the bonds issued as part of	an advance refunding	ıssue?		Х		х							
11	Has the final allocation of proceed	ds been made?		Х		Х								
12	Does the organization maintain ac the final allocation of proceeds?		cords to support	х		х								
Pa	rt IIII Private Business Use			T		1								
					A	E	_	+	C)		E	
1	Was the organization a partner in which owned property financed by		ember of an LLC,	Yes	No X	Yes	No X	Yes	No	Yes	No	Ye	s	No
2	Are there any lease arrangements which may result in private busine	s with respect to the f	inanced property		х		х							
For	Privacy Act and Paperwork Reduction A	ct Notice, see the Instr	uctions for Form 990			Cat No 50	0193E				Schedule	K (Form	990) 20	09

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	ı	В		c		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х		х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		х						
Зс	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		x							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х							
Pa	TIV Arbitrage	-		•	•		•	•	•	•	

Part IV Arbitrage

			A	E	3	(С	ı)		E
		Yes	No								
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		Х						
2	Is the bond issue a variable rate issue?	Х		Х							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		Х						
ь	Name of provider		•								
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х						
ь	Name of provider		-								
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х		х						
6	Did the bond issue qualify for an exception to rebate?		х		х						

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DLN: 93493073004091

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

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

Part I Excess Benefit Train Complete if the organizat								rganız		nly).	a 40h	
1 (a) Name of disq				10, P	(b) Desc					art V, iine	(c) C	rrected?
											Yes	No
2 Enter the amount of tax impos	ed on th	ne orga	nization manager	s or	disqualified perso	ns	durin	a the v	ear under			
section 4958									•	\$		
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimbursed b	y the	e organization .	•			. •	\$		_
Part II Loans to and/or I					D 1777 1 26		_	222 5	7			
Complete if the organiz			d "Yes" on Form	990	, Part IV, line 26,	or	Form	990-E	(f)	, line 38a		
(a) Name of interested person and purpose	1	oan to m the zation?	(c)O riginal principal amou	ınt	(d)Balance due		(e) In default?		A pprov	d or	(g) Writt agreeme	
	То	From				Ye	es	No	Yes	No	Yes	No
R SANDMEYER JR STOCK GIFT BUY BACK		×	426,2	250	130,078			Νo	Yes		Yes	
RODNEY SANDMEYER STOCK GIFT BUY BACK		Х	426,2	250	130,078			Νο	Yes		Yes	
									1			
										+		
Part III Grants or Assistar					260,156							
Complete if the orga	ınızatıo	n ans	wered "Yes" on	For	m 990, Part IV			7.				
(a) Name of interested pers	on	(en interested pers janization	son		(c) A m	ount of gr	ant or typ	e of assıs	tance
Part IV Business Transact							Į.					
Complete if the orga	ınızatıo			For	m 990, Part IV	, lır	าе 28 T	3a, 28t	o, or 280	<u>. </u>	(a) C	
(a) Name of interested perso	n	betv) Relationship ween interested erson and the		(c) A mount of transaction		(d)) Descr	ıptıon of t	ransactio:	organ	naring of ization's enues?
		+	organization	-					_		Yes	No
MARTHINSEN & SALVITTI INSUR. GROUP	A N C E	FAMII OWNE INTER	ER TRUSTEE'S LY MEMBER HAS ERSHIP REST IN RANCE IDER		276,1	4 4	INS	URANC	E			No
				+							_	
				_			<u> </u>				_	

DLN: 93493073004091

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

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

25-0965601

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	etermı	nıng	
1	Art—Works of art	Х	1	0	N/A			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	16	2,062,132	FMV			
	Securities—Closely held stock $$.							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	PLATES, PRINTS,							
25	Other ► (CLOCK)	X	1	510	 FMV			
	Other ► (CHANDELIER)	Х	1	60,000	FMV			
	DIVING							
27	Other ► (<u>EQUIP</u>)	X	5	0	N/A			
	PLATES &							
28	FILM Other►(<u>STRIPS</u>)	x	1	0	N/A			
	Other ► (BEVERAGES)	X	2		N/A			
29	Number of Forms 8283 received	by the org	anızatıon durıng the tax yea					
	for which the organization compl				29			1
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangeme				4	21	Yes	
31	Does the organization have a gif					31	res	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
Ь	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty 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.

Ident if ier	Ret urn Reference	Explanation
Third Party Use	,	THE COLLEGE USES AN OUTSIDE BROKER TO SELL SECURITIES RECEIVED AS CONTRIBUTIONS
Non Reporting of Revenue	· · · · · · · · · · · · · · · · · · ·	GIFTS IN KIND THAT ARE LESS THAN \$5,000 ARE NOT REPORTED AS REVENUE, DUE TO LACK OF MATERIALITY

Schedule M (Form 990) 2009

OMB No 1545-0047

2000

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

Name of the organization
WASHINGTON & JEFFERSON COLLEGE

Employer identification number

25-0965601

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		WASHINGTON & JEFFERSON DEVELOPMENT CORPORATION MERGED INTO THE COLLEGE ON MARCH 22, 2010
Form 990, Part VI, Section A, Iine 7a		ALUMNI TRUSTEES ARE ELECTED BY THE ALUMNI EXECUTIVE COUNCIL
Form 990, Part VI, Section B, Iine 11		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
Form 990, Part VI, Section B, Iine 12c		THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE SENIOR STAFF OF THE COLLEGE AND BY LEGAL COUNSEL ANNUAL DISCLOSURE STATEMENTS ARE SENT OUT TO BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES
Form 990, Part VI, Section B, Iine 15		-CEO THE 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
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
FORM 990, PART XI, QUESTION 2C	OVERSIGHT OF FINANCIAL STATEMENT AUDIT	THE AUDIT COMMITTEE CHARGE IS TO MEET AND DISCUSS DIRECTLY WITH THE EXTERNAL AUDITORS ISSUES CONFRONTING THE COLLEGE ON AN ANNUAL BASIS AS PART OF THE PLANNING PHASE OF THE AUDIT UPON COMPLETION OF THE AUDIT THE EXTERNAL AUDITORS REPORT DIRECTLY TO THE COMMITTEE ON RESULTS OF THE AUDIT AFTER THIS REVIEW THE COMMITTEE APPROVES THE FINANCIAL STATEMENTS AS PRESENTED BY THE EXTERNAL AUDITORS THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR
		FORM 990, PART VII EMERITUS TRUSTEES THE FOLLOWING INDIVIDUALS SERVE AS EMERITUS TRUSTEES OF THE WASHINGTON & JEFFERSON COLLEGE WITH NO VOTING RIGHTS EDWINA W CAMERON, DR WALTER COOPER, DR JOHN R ECHEMENT, DR ROBERT M ELLIOTT, RICHARD Y HADDAD, DR JOSEPH A HARDY, SR, JAMES H KNEPSHIELD, M D, J ROBERT MAXWELL, ESQ, JOHN L S NORTHROP, H THOMAS PATTON, RONALD V PELLEGRINI, M D (ENT 02/21/09), JAMES L PHILLIPS, M D, ANICA D RAWNSLEY, E RONALD SALVITTI, M D, RONALD P SANDMEYER, SR, DOROTHY A SERVIS, ESQ, ROBERT B SHUST, F LEO WRIGHT, ESQ
		Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 200