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DLN: 93493123003113

Department of the Treasury

## **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)

OMB No 1545-0047

**Open to Public** 

ntemal l	Revenue	Service Service Service	Sacisty Sta	ite reporting requiren	iciics	Inspection
A Fo	r the 2		5-30-2012	D Emple	wor i	dontification number
		oplicable C Name of organization THE COLLEGE OF WOOSTER			-	dentification number
Add	ress ch	Doing Business As		34-0° E Teleph		
Nar	ne char	nge		·		
Inıt	al retur	Number and street (of P O box if mail is not delivered to street address)	Room/suite	2		3 - 2 3 2 1 ts \$ 199,259,462
Ten	mınated	1101 NORTH BEVER STREET		<b>u</b> 01033	СССІР	13,233,402
Am	ended r	eturn City or town, state or country, and ZIP + 4 WOOSTER, OH 44691		_		
— App	lication	pending woodler, oil 44091		_		
		F Name and address of principal officer		H(a) Is this a group	reti	
		LAURIE L STICKELMAIER 1101 NORTH BEVER STREET		affiliates?		⊤Yes 🔽 No
		WOOSTER,OH 44691		H(b) Are all affiliates	incl	uded?
				If "No," attach	ı a lıs	st (see instructions)
[ Tax	r-exem	pt status	527	H(c) Group exemp	tion r	number 🟲
W	ebsite	:► WWW WOOSTER EDU				
<b>(</b> Forn	n of org	anization 🔽 Corporation 🧵 Trust 🗀 Association 🗀 Other 🕨		L Year of formation 18	366	<b>M</b> State of legal domicile OF
Pa	rt I	Summary				
		Briefly describe the organization's mission or most significant activities				
		HE COLLEGE OF WOOSTER IS A COMMUNITY OF INDEPENDENT	•			
e l	1	O BECOME LEADERS OF CHARACTER AND INFLUENCE IN AN IN	<u>TERDEPE</u>	NDENT GLOBAL CO	<u> MMU</u>	JNITY
<b>≚</b>	-					
Ĭ	-					
Governance	2 (	Check this box দ if the organization discontinued its operations or di	sposed of	more than 25% of its	net	assets
	3 1	Jumber of voting members of the governing body (Part VI, line 1a) .			3	41
S B	4 1	Number of independent voting members of the governing body (Part VI	, lıne 1b)		4	39
	<b>5</b> T	otal number of individuals employed in calendar year 2011 (Part V , lii	ne 2a) .		5	2,449
Activities &	<b>6</b> T	otal number of volunteers (estimate if necessary)			6	1,200
	<b>7</b> a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12			7a	579,513
	ЬΓ	Net unrelated business taxable income from Form 990-T, line 34 .	<u>.                                      </u>		7b	0
				Prior Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		13,501,		12,106,243
Revenue	9	Program service revenue (Part VIII, line 2g)		92,777,		98,047,464
₽÷	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .		4,035,		-1,912,728
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 Total revenue—add lines 8 through 11 (must equal Part VIII, column		93,	496	79,412
	12	12)		110,408,	393	108,320,391
	13	Grants and similar amounts paid (Part IX, column (A ), lines 1–3 $$ ) $$ .		37,641,	838	41,160,196
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A $5-10$ )	), lines	46,415,	950	50,980,322
136	16a	Professional fundraising fees (Part IX, column (A), line 11e)			703	48,748
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,830,157	-			,
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del> .	30,949,	730	32,682,051
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), li		115,022,		124,871,317
	19	Revenue less expenses Subtract line 18 from line 12		-4,613,	828	-16,550,926
<u>জ</u>				Beginning of Curre	nt	End of Year
Net Assets or Fund Balances	20	Total accets (Part V. line 15)		<b>Year</b>	075	
4 B	20 21	Total assets (Part X, line 16)	•	460,574, 56,248,		442,604,447 59,454,602
2 E	21	Net assets or fund balances Subtract line 21 from line 20		404,326,		383,149,845
	t II	Signature Block	<u> </u>	107,520,	T	1 303,173,073
		ties of perjury, I declare that I have examined this return, including accomp	anying sch	edules and statements	, and	to the best of my
nowl		and belief, it is true, correct, and complete. Declaration of preparer (other th				
14 1	Juge.					
		*****		2013-05-03		
Sign		Signature of officer		Date		
Here	•	LAURIE L STICKELMAIER VP FINANCE & BUSINESS/TREASURER				
		Type or print name and title		Т		
		Preparer's Date  Preparer's ZACK FORTSCH	Ch sel			payer identification number ins)
Paid		signature P ZACK FORTSCH		ployed P000527		,

MCGLADREY LLP

CHICAGO, IL 60606

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

1 S WACKER DRIVE STE 800

Preparer's

Use Only

Firm's name (or yours

if self-employed), address, and ZIP + 4

Phone no 🕨 (312) 634-3400

Form	990 (2011)	Page.
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	. [~
1	Briefly describe the organization's mission	
BEC STU EXC ABII	COLLEGE OF WOOSTER IS A COMMUNITY OF INDEPENDENT MINDS, WORKING TOGETHER TO PREPARE STUDENTS OF CHARACTER AND INFLUENCE IN AN INTERDEPENDENT GLOBAL COMMUNITY WE ENGAGE MOTIVENTS IN A RIGOROUS AND DYNAMIC LIBERAL EDUCATION MENTORED BY A FACULTY NATIONALLY RECOGNIZES ILLENCE IN TEACHING, WOOSTER GRADUATES ARE CREATIVE AND INDEPENDENT THINKERS WITH EXCEPTIONAL ITIES TO ASK IMPORTANT QUESTIONS, RESEARCH COMPLEX ISSUES, SOLVE PROBLEMS, AND COMMUNICATE NEW WILLIAM OF THE PROBLEMS	VATED D FOR L
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations and section $4947(a)(1)$ trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 69,456,310 including grants of \$ 40,978,194 ) (Revenue \$ 75,469,50	06)
	INSTRUCTION - THE COLLEGE OF WOOSTER IS A LIBERAL ARTS INSTITUTION THAT ENGAGES MOTIVATED STUDENTS IN A RIGOROUS AND DYNAMIC LEDUCATION STUDENTS ARE MENTORED BY A FACULTY NATIONALLY RECOGNIZED FOR EXCELLENCE IN TEACHING WOOSTER GRADUATES ARE CREA INDEPENDENT THINKERS WITH EXCEPTIONAL ABILITIES TO ASK IMPORTANT QUESTIONS, RESEARCH COMPLEX ISSUES, SOLVE PROBLEMS, AND COMINEW KNOWLEDGE AND INSIGHT THE COLLEGE OF WOOSTER AWARDED SCHOLARSHIPS TO 1,895 UNDERGRADUATE STUDENTS, AVERAGING \$21,532 TO ASSIST IN MEETING CALCULATED FINANCIAL NEED	TIVE AND MUNICATE
	(Code ) (Expenses \$ 15,398,906 including grants of \$ ) (Revenue \$ 18,275,65	
40	AUXILIARY SERVICES - THE COLLEGE OF WOOSTER IS A RESIDENTIAL CAMPUS WITH OVER 99% OF ENROLLED STUDENTS RESIDING IN A RESIDENCE PROGRAM HOUSE THE OFFICE OF RESIDENCE LIFE MANAGES 14 RESIDENCE HALLS AND 30 PROGRAM HOUSES STUDENTS HAVE SEVERAL THEME OF AVAILABLE INCLUDING CROSS CULTURAL LEARNING EXPERIENCES, LUCE LANGUAGE SUITES, INDEPENDENT SENIOR HOUSING, AND GREEK HOUSING	E HALL OR PTIONS
	(Code ) (Expenses \$ 16,171,987 including grants of \$ 104,702 ) (Revenue \$ 1,211,93	26.)
<b>4c</b>	(Code ) (Expenses \$ 16,171,987 including grants of \$ 104,702 ) (Revenue \$ 1,211,95 ) STUDENT SERVICES - THE COLLEGE OF WOOSTER SUPPORTS THE HOLISTIC GROWTH AND DEVELOPMENT OF STUDENTS THROUGH MEANINGFUL EXP THAT FOSTER LEADERSHIP, SOCIAL AND MULTICULTURAL INTERACTIONS, AND COMMUNITY BUILDING THE COLLEGE'S 120 STUDENT ORGANIZATION ATHLETIC TEAMS REFLECT THE WIDE RANGE OF STUDENT INTERESTS, IDEAS, HOBBIES, AND PASSIONS	PERIENCES
	(Code ) (Expenses \$ 10,610,482 including grants of \$ 77,300 ) (Revenue \$ 3,090,360 )  RESEARCH PROGRAMS, PUBLIC & ACADEMIC SUPPORT	54 )
4d	Other program services (Describe in Schedule O ) (Expenses \$ 10,610,482 including grants of \$ 77,300 ) (Revenue \$ 3,090,364 )	
4e	Total program service expenses►\$ 111,637,685	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 and IV	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 ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III and IV	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? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 $\textcircled{\textbf{5}}$	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		Νo
С	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		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	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		No
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	Yes	
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)			_
a	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 (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Management	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	Yes	
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		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		No
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?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2011)

•	<u>, , , , , , , , , , , , , , , , , , , </u>
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	• 1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 2,811			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
!a	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			
h	return			
ט	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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 or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).	- 55		
а	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
}	Sponsoring organizations maintaining donor advised funds 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		
	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
U	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	sources against amounts due or received from them )			
	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand  13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**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	ction A. Governing Body and Management							
			Yes	No				
4-								
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent	•						
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 governing documents since the prior Form 990 was	4		No				
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
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					
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9								
Se	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	venue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, 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				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
_	participation in joint venture arrangements under applicable federal tax law, and take 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▶OH							

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 made these available.

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made 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 the organization PEGGY DEBARTOLO
  1101 NORTH BEVER STREET

WOOSTER,OH 44691 (330)263-2018

# 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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e thai	n one son er ar	e bo ıs b nd a	x, oth		Rep comp fro organi:	(D) ortable ensation om the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099-	tion amount of o ted compensa ons from the 99- organization		ated fother sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organiza	
See A	Addıtıonal Data Table											+		
												_		
												_		
												_		
								<u> </u> ▶1				_		
1b c	Sub-Total			<u></u>	•	<u>.</u>		•						
d	Total (add lines 1b and 1c) .			•	•	•		<b>P</b>		2,378,186		0		616,073
2	Total number of individuals (incl \$100,000 of reportable compens						above	) who	o receive	ed more tha	ın	•		
3	Did the organization list any <b>forr</b> on line 1a? <i>If "Yes," complete Sch</i>								or highes		ated employee	_	Yes	No
4	For any individual listed on line 1 organization and related organization	la, is the sum o	f report	able (	com	pens	sation	and	other co	mpensatioi		3	Yes	
_	Individual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz											5		No
	ection B. Independent Con							,						
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio ear												
	Nan	( <b>A)</b> ne and business add	dress							Desci	(B) aption of services		( <b>C</b> Comper	
woo	OX 422 STER, OH 44691									CONSTRUCT	ION/PROJECT RELAT	ED	12	,957,083
4655	:GY SYSTEMS GROUP INC ROSEBUD LANE BURGH, IN 47630									PERFORMAN	CE CONTRACT		3	,498,331
STAN 435 \	DARD PLUMBING AND HEATING WALNUT AVENUE SE ON, OH 44701									REPAIRS/MT	N - CAMPUS PROJEC	CTS		365,911
855 (	MIX ENGINEERING LTD GRANDVIEW AVENUE THIRD FLOOR IMBUS, OH 43215									REPAIRS/MT	N - CAMPUS PROJEC	CTS		300,040
	R LIDSKY MATHEY CONCORD AVENUE SUITE 201									CAMPUS PLA	NNING			285,847

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 13

Form **990** (2011)

Form 99		•						Page <b>9</b>
Part \	/1111	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
± 2 €	1a	Federated cam	paigns 1a	50,000				
죮	b	Membership du	es <b>1b</b>					
υğ	c	Fundraising eve	ents <b>1c</b>	45				
# <u>#</u> #	d	Related organiz	ations 1d	39,911				
% <u>`</u> ≣	e	Government grants	s (contributions) <b>1e</b>	540,264				
न इं	f	All other contribution	ons, gifts, grants, and <b>1f</b>	11,476,023				İ
ਰੂ <b>ਦੇ</b> ਵਾਲ	g	sımılar amounts no Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$	22,349					
္မ	h	Total. Add lines	s 1 a - 1 f	🖊	12,106,243			
<u> </u>				Business Code				
eun	2a	TUITION AND FEES	5	900099	75,230,892	75,230,892		
₽ ×	b	ROOM & BOARD		721000	17,814,650	17,814,650		
Program Serwce Revenue	С	STUDENT AUXILIAF	RY SERV	451211	1,783,730	412,777	473,719	897,234
er E	d	STUDENT SERVICE	:S	900099	1,211,936	1,211,936		
ري د	e	COMMUNITY EVEN	TS	900099	938,297	938,297		
≘ Ea	f	All other progra	am service revenue		1,067,959	1,067,959		
ک	g	Total Add lines	s 2a – 2f	<u> </u>	98,047,464			
	3		ome (including dividen		30,047,404			
			ar amounts)	. h	1,655,044		60,532	1,594,512
	4		tment of tax-exempt bond	F				
	5	Royalties		▶ [	732			732
			(ı) Real	(II) Personal				
	6a	Gross rents	72,893	32,314				
	b	Less rental expenses	41,829	0				
	c	Rental income or (loss)	31,064	32,314				
	d	• •	me or (loss)		63,378		32,314	31,064
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	56,939,164	30,379,563				
	b	Less cost or other basis and sales expenses	59,317,682	31,568,817				
	c	Gain or (loss)	-2,378,518	-1,189,254 <b></b>	-3,567,772		12,948	-3,580,720
	d 8a	Net gain or (los Gross income f			-3,307,772		12,946	-3,360,720
Other Revenue		events (not inc \$ of contributions	luding 45 reported on line 1c)					
Α.		See Part IV, lin						
₫	Ь	Less direction	penses b	7,130				
ફ	c		(loss) from fundraising	3,307 events ►	3,823			3,823
_	9a		rom gaming activities					
			а	18,915				
	b		penses b	7,436	11 470			11 470
	10a	Gross sales of returns and allo		vitiesF	11,479			11,479
	b		a oods sold b					
	С	Miscellaneous	(loss) from sales of inve	Business Code				
	11a	macenaneous	5 Nevellue	Duamess Code				
	Ь				+			
	c				+			
	d	All other reven	ue		+			
	e	Total. Add lines		<u> </u>				
	•	. Stan /1 Gu IIII C		· · · · • [				
	12	Total revenue.	See Instructions .	▶↑	108,320,391	96,676,511	579,513	-1,041,876

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do no	heck if Schedule O contains a response to any question in this Part IX  ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	30,500	30,500	general expenses	Скрепзез
2	Grants and other assistance to individuals in the United States See Part IV, line 22	37,592,187	37,592,187		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,537,509	3,537,509		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,173,343	845,485	953,111	374,747
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	34,694,718	30,590,842	2,407,770	1,696,106
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,922,801	2,590,955	188,786	143,060
9	Other employee benefits	8,637,862	5,931,672	2,496,579	209,611
10	Payroll taxes	2,551,598	2,282,853	124,789	143,956
11	Fees for services (non-employees)				
а	Management				
b	Legal	59,862	20,220	38,975	667
C	Accounting	105,200	5,376	99,665	159
d	Lobbying				
e	Professional fundraising See Part IV, line 17	48,748			48,748
f	Investment management fees	562,524		562,524	
g	Other	2,315,398	1,995,051	216,753	103,594
12	Advertising and promotion	145,524	133,539	11,399	586
13	Office expenses	3,204,244	2,589,922	168,843	445,479
14	Information technology	1,574,779	1,161,137	400,794	12,848
15	Royalties	40,285	39,315	970	
16	Occupancy	2,609,824	2,513,539	73,159	23,126
17	Travel	2,185,169	1,764,405	80,429	340,335
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	560,675	491,425	48,295	20,955
20	Interest	829,505	699,030	128,786	1,689
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,942,863	6,156,333	675,364	111,166
23	Insurance	45,229	42,979	2,250	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	REPAIRS & MAINTENANCE	3,151,354	2,870,962	244,649	35,743
b	COST OF GOODS SOLD	3,013,545	2,988,558	24,987	
c	OFF-CAMPUS PROGRAMS	2,963,464	2,963,464		
d	LIBRARY MATERIALS	819,087	819,087		
e					
f	All other expenses	1,553,520	981,340	454,598	117,582
25	Total functional expenses. Add lines 1 through 24f	124,871,317	111,637,685	9,403,475	3,830,157
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			12,943	1	14,212
	2	Savings and temporary cash investments		2,384,292	2	3,619,071	
	3	Pledges and grants receivable, net			13,376,694	3	10,291,055
	4	Accounts receivable, net	675,815	4	826,893		
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	employees, and				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II	n 4958(f)(1)) and				
76		Schedule L				6	
Assets	7	Notes and loans receivable, net			375,696	7	234,640
88	8	Inventories for sale or use			649,653	8	714,627
⋖	9	Prepaid expenses and deferred charges			897,313	9	764,214
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	231,443,296			
	b	Less accumulated depreciation	10b	84,487,949	140,595,722	<b>10</b> c	146,955,347
	11	Investments—publicly traded securities			120,647,200	11	113,805,868
	12	Investments—other securities See Part IV, line 11	169,311,102	12	155,294,599		
	13	Investments—program-related See Part IV, line 11	4,409,635	13	3,677,912		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			7,238,810	15	6,406,009
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			460,574,875	16	442,604,447
	17	Accounts payable and accrued expenses .			9,625,738	17	8,193,199
	18	Grants payable		18			
	19	Deferred revenue	1,897,900	19	2,089,582		
	20	Tax-exempt bond liabilities			26,561,428	20	30,077,020
	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	<u> </u>
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
졅		persons Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrelated third parties			149,421	23	113,087
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai	ed thi	rd parties,			
		D			18,013,724		18,981,714
	26	Total liabilities. Add lines 17 through 25			56,248,211	26	59,454,602
Balances		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	plete l	ines 27			
an I	27	Unrestricted net assets			255,569,880	27	244,817,674
<u>е</u>	28	Temporarily restricted net assets	40,440,223	28	27,593,663		
돧	29	Permanently restricted net assets		108,316,561	29	110,738,508	
r Fund		Organizations that do not follow SFAS 117, check here ► allines 30 through 34.	nd con	nplete			
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ş	32	Retained earnings, endowment, accumulated income, or other fi	- •		32		
Net /	33	Total net assets or fund balances	404,326,664		383,149,845		
ž	34	Total liabilities and net assets/fund balances		460,574,875		442,604,447	
					1 400,074,079	J-T	112,554,441

Par	Check if Schedule O contains a response to any question in this Part XI			. [고		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		108,3	320,39:	
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses Subtract line 2 from line 1	3		-16,5	550,926	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		404,3	326,664	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-4,6	525,893	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		383,1	149,845	
Par	The contains a response to any question in this Part XII			୮		
1	Accounting method used to prepare the Form 990			Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 in a separate basis, consolidated basis, or both	ssued				
	☐ Separate basis ☐ Both consolidated and separated basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes		

### OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection

Name of the organization THE COLLEGE OF WOOSTER

**Employer identification number** 

34-0714654

									134 0/14			_
	t I			blic Charity Sta						nstructions		
he o	rganız		•	e foundation becaus	•			•	•			
1	Γ	A churc	:h, conventi	on of churches, or as	ssociation of	fchurches	section 170(l	b)(1)(A)(i)	).			
2	굣	A scho	ol described	in <b>section 170(b)(1</b>	l <b>)(A)(ii).</b> (At	tach Scheo	dule E )					
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın <b>sectio</b>	on 170(b)(:	1)(A)(iii).			
4	Γ			n organization operat ty, and state	ted ın conjun	ction with a	a hospital des	cribed in <b>s</b>	ection 170(b)(	(1)(A)(iii). E	Enter the	
5	Γ	_	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		sect ion	ection 170(b)(1)(A)(iv). (Complete Part II )									
6	Γ	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>										
7	Γ	describ	ed ın	at normally receives (A)(vi) (Complete P		al part of its	s support from	n a governn	nental unit or f	rom the gen	eral public	
8	Г			described in <b>section</b>		<b>A)(vi)</b> (Co	mplete Part I	I )				
9	<u></u>			at normally receives					ributions, men	nbership fee	s, and gross	
-	•			ities related to its ex								
				oss investment inco								
			=	ganızatıon after June				-		tax, nom b	isinesses	
0	$\vdash$			ganized and operated	•			•	•			
1	<u>'</u>									to carry out	the nurneces of	
.1	1	one or i	more public	ganized and operated ly supported organiza bes the type of supp <b>b</b> Type I	ations descr orting organ	ibed in sec ization and	tıon 509(a)(1	) or section es 11e thro	n 509(a)(2) S ough 11h	ee <b>section</b> 5		
e f	Γ	other th section If the o	nan foundatı 509(a)(2)	ox, I certify that the on managers and othe received a written de	her than one	or more pu	blicly support	ted organiz	ations describ	ed in sectio	n 509(a)(1) or	<u>-</u>
g		Since A		2006, has the organi	ızatıon accep	oted any gif	t or contribut	ion from an	y of the		•	
		(i) a pe and (III)	rson who di ) below, the	rectly or indirectly c governing body of th er of a person descri	e the suppor	rted organiz	_	persons de	escribed in (ii)	11 <u>c</u> 11g		- - -
		(iii) a 3	5% control	led entity of a perso	n described	ın (ı) or (ıı)	above?			11g	(iii)	-
h		Provide	the followi	ng information about	the support	ed organıza	tion(s)					-
(i) Name of supported organization		of ted	n or IRC section document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is th organizat col (i) org in the U	ne tion in ganized	(vii) A mount of support?			
	(see Instructions)) Yes No Yes No Yes No											
								_				
								1				_
at a l						<del> </del>	1			+		_

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> 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. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493123003113

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

emal	Revenue Service	Form 990. Fee separate instructions.			Inspec	ction
	me of the organization COLLEGE OF WOOSTER		Emp	oyer identificat	ion numb	per
	COLLEGE OF WOODTER		34-0	714654		
Pa	rt I Organizations Maintaining Donor		unds (	or Accounts.	Comple	ete if the
	organization answered "Yes" to Form	990, Part IV, line 6. (a) Donor advised funds		<b>b)</b> Funds and ot		
	Total number at end of year	(a) Donor advised funds	'	b) Fullus allu ot	.iiei acco	unts
·	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor ac	dvisors in writing that the assets held in don	or advi	sed		
	funds are the organization's property, subject to the		or auvi	seu	☐ Yes	┌ No
	Did the organization inform all grantees, donors, as used only for charitable purposes and not for the b					
	conferring impermissible private benefit	,	,	· ·	☐ Yes	┌ No
:]	rt II Conservation Easements. Complet	te if the organization answered "Yes" t	o Form	n 990, Part IV	<u>, lıne 7.</u>	
	Purpose(s) of conservation easements held by the					
	Preservation of land for public use (e.g., recre					ea
	Protection of natural habitat	Preservation of a c	certified	historic struct	ure	
	Preservation of open space					
	Complete lines 2a-2d if the organization held a qu	ialified conservation contribution in the form	of a co	nservation		
	easement on the last day of the tax year			Held at the	End of th	e Vear
	Total number of conservation easements		2a	ricia at the	Liid Oi tii	c rear
	Total acreage restricted by conservation easemer	nts	2b			
	Number of conservation easements on a certified I		2c			
	Number of conservation easements included in (c)	, ,	2d			
ı	Number of conservation easements modified, trans	·		o organization o		
	the taxable year	sierrea, releasea, extinguishea, or terminate	u by tii	e organizacion c	iuiiiig	
	the taxable year F					
	Number of states where property subject to conse					
	Does the organization have a written policy regard enforcement of the conservation easements it hold		dling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, in	nspecting and enforcing conservation easem	nents du	ırıng the year 🕨	<u> </u>	
	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easements	s durino	the year		
	<b>▶</b> -\$	3,	_	,		
	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of sec	tion			
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	(u)			☐ Yes	┌ No
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financial				
li	Organizations Maintaining Collect Complete if the organization answered	tions of Art, Historical Treasures,	or Oth	ner Similar <i>A</i>	\ssets.	
l	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	AS 116, not to report in its revenue stateme	ch in fui			ce,
)	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these ite	AS 116, to report in its revenue statement a or public exhibition, education, or research ii	nd bala			
	(i) Revenues included in Form 990, Part VIII, line	e 1				
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		149,754
	If the organization received or held works of art, hi following amounts required to be reported under SF		or financ			
	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
)	Assets included in Form 990, Part X			<b>▶</b> \$		

ar	<b>TITLE</b> Organizations Maintaining Co	liections of Art	<u>, Histor</u>	<u>icai ire</u>	easures, c	or Otne	<u>er Similar Ass</u>	ets (co.	ntinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of the fo	llowing tl	nat are a sıg	nıfıcant	use of its collection	on	
а	Public exhibition		d √	Loan o	r exchange	program	s		
b	Scholarly research		еГ	Other					
c	✓ Preservation for future generations								
4	Provide a description of the organization's c Part XIV	ollections and expla	ın how th	ey furthei	the organiz	atıon's e	exempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Yes	√ No
Pai	t IV Escrow and Custodial Arrang					vered "	Yes" to Form 99	0,	
	Part IV, line 9, or reported an ar								
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary for	contribut	ions or othe	rassets	not	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI	V and complete the	followina	table			·		•
			· · · · · · · · · · · · · · · · · · ·				Amo	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/							
Pa	rt V Endowment Funds. Complete								
_		(a)Current Year	(b)Prio		(c)Two Years			<b>(e)</b> Four Y	ears Back
La	Beginning of year balance	246,688,529		3,981,868	·	953,700	272,666,670		
b	Contributions	2,884,168		2,673,503		505,510	3,038,407		
С .	Investment earnings or losses	-6,769,426		2,489,920	23,3	584,281	-41,896,793		
d	Grants or scholarships	11,868,240	1	2,456,762	14 (	061,623	20,854,584		
е	Other expenditures for facilities and programs	11,000,240	1	2,430,702	17,0	701,023	20,034,304		
f	Administrative expenses								
g	End of year balance	230,935,031	24	6,688,529	223,9	981,868	212,953,700		
2	Provide the estimated percentage of the year	r end balance held a	is						
а	Board designated or quasi-endowment 🕨	50 350 %							
b	Permanent endowment ► 43 750 %								
С	Term endowment ► 5 900 %								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held	and adminis	tered fo	r the		
	organization by						2-4:	Yes	No
	(i) unrelated organizations						3a(i)	_	No No
b	(ii) related organizations						3b	<u>'                                       </u>	140
1	Describe in Part XIV the intended uses of the	·							
aı	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Part 2	K, line 1	0.				
	Description of property			Cost or o		t or other (other)	(c) Accumulated depreciation	( <b>d</b> ) Boo	k value
La	Land			142	2,349	2,294,944		2	2,437,293
b	Buildings		.	822	2,328 9	9,047,553	33,793,431	60	5,076,450
c	Leasehold improvements			23	3,298 8	5,983,749	22,499,470	6.	3,507,577
d	Equipment			10	),757 3:	2,449,609	22,137,828	10	0,322,538
e	Other		. $ abla$		1	0,668,709	6,057,220		1,611,489

146,955,347

Part VII Investments—Other Securities. See F  (a) Description of security or category	Form 990, Part X, line 12		d of valuation
(including name of security)	(b)Book value		year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
(A) PARTNERSHIPS	155,267,511		F
(B) CROWN HILL CEMETERY LOTS	3,028		F
(C)LAND OCEOLA CITY, FL	4,000		F
(D) KENARDEN LODGE - LAND	14,370		F
(E) SMITH, MARGARET & ESTHER - JEWELRY ESTHER SMITH	5,690		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	155,294,599		
Part VIII Investments—Program Related. See		13.	
(a) Description of investment type	(b) Book value		d of valuation - year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line			
(a) Descript	cion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)		
Part X Other Liabilities. See Form 990, Part X,			
1 (a) Description of Liability  Federal Income Taxes  ADVANCES FROM GOVERNMENT FOR STUDENT	(b) A mount		
LOANS	3,985,890		
ACCRUED CHARITABLE GIFT ANNUITY AND TRUST OBLIGATIONS	7,791,446		
ASSET RETIREMENT OBLIGATION	1,451,063		
ACCRUED POSTRETIREMENT BENEFIT OBLIGATION	5,753,315		
Tabel (Column (h) about a real for 2000 D. 1.V. 1/27/1 25/1			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	18,981,714		

Sched	dule D (Form 990) 2011						Page <b>4</b>
		hange in Net Assets from Fo	rm 99	0 to	Financial Stateme		100 220 201
1 2	Total revenue (Form 990, Part					2	108,320,391
3	Total expenses (Form 990, Pa Excess or (deficit) for the year					3	-16,550,926
4	Net unrealized gains (losses) of					4	-4,625,893
5	Donated services and use of fa	cilities				5	
6	Investment expenses					6	
7 8	Prior period adjustments					8	
9	Other (Describe in Part XIV)  Total adjustments (net) Add li	nec 4 - 8				9	-4,625,893
10		per financial statements. Combine lir	nes 3 a	nd 9		10	-21,176,819
Par		evenue per Audited Financia			nts With Revenue	per R	eturn
1		er support per audited financial staten				1	62,327,879
2 a		ut not on Form 990, Part VIII, line 12 tments		2a	-4,625,893		
b	ū	acılıtıes		2b	1,023,033	1	
c	Recoveries of prior year grant	s		2c			
d	Other (Describe in Part XIV)			2d	52,572	]	
e 2	Add lines 2a through 2d .			•		2e 3	-4,573,321
3 4	Subtract line <b>2e</b> from line <b>1</b> .  Amounts included on Form 99	0, Part VIII, line 12, but not on line	 1	•		3	66,901,200
a		luded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b	41,419,191	]	
C	Add lines 4a and 4b					4c	41,419,191
5 Part		d <b>4c.</b> (This should equal Form 990, P <b>xpenses per Audited Financi</b>			•	5 s ner	108,320,391
1	Total expenses and losses pe		iai Sta	ite iii	ents with Expense	j per	83,504,698
_	statements	it not on Form OCC D 1777				1	
2 a		it not on Form 990, Part IX, line 25	-	2a	1		
a b	Prior year adjustments			2b		1	
С	Other losses		•	2c			
d	Other (Describe in Part XIV)			2d	52,572	┪	
e 3	Add lines 2a through 2d Subtract line 2e from line 1 .			•		2e 3	52,572
3 4		0, Part IX, line 25, but not on line <b>1</b> :				3	83,452,126
a		uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b	41,419,191	.]	
c	Add lines 4a and 4b					4c	41,419,191
5 Par	t XIV Supplemental In	nd <b>4c.</b> (This should equal Form 990, F <b>formation</b>	art I, II	ne 18	3)	5	124,871,317
Con	iplete this part to provide the de	scriptions required for Part II, lines 3 , Part XII, lines 2d and 4b, and Part					
	tional information	, Fait XII, lilles 20 and 40, and Fait	A111, III	163 2	a and 40 Also complete	tills po	are to provide any
	Identifier	Return Reference			Explana	tion	
	CRIPTION OF INTENDED USE NDOWMENT FUNDS	PART V, LINE 4	HELD THEF FORCL FORC FORCL FOR	POR FOR PUBLICATION OF THE PUBLI	NS AND HISTORICAL I EDUCATION, RESEAR IC EXHIBITION  EGGE'S ENDOWMENT C MATELY 1,429 INDIVIT RIETY OF PURPOSES BOTH DONOR-RESTR ID FUNDS DESIGNATE TO FUNCTION AS EN TED ENDOWMENT FUN TO FUNCTION OF UPMIFA TO THE GOLLEGE H VERSION OF UPMIFA TO THE GIFT DATE ABS TIONS TO THE CONTR ES AS PERMANENTLY INAL GIFT VALUE PLU ENT GIFTS TO THE PE IN THE INVESTMENTS TO BY THE DONOR, OR ED WMENT FUND THE ACT TO THE STAND TO THE COLLEGE ENT WITH THE STAND TO THE GOLLEGE ENT WITH THE STAND TO THE GENERAL OPE TO THE GENERAL OPE TO THE GENERAL OPE	CH, SO ON SISTEMATION OF THE PROPERTY OF THE P	STS OF FUNDS ESTABLISHED NDOWMENT DENDOWMENT DENDOWMENT CHE BOARD OF MENTS (BOARD- N ACCORDANCE D WITH ENDOWMENT ED BASED ON THE IMPOSED ITERPRETED OHIO'S QUIRING THE DF THE ORIGINAL XPLICIT DONOR THE COLLEGE ICTED NET ASSETS VALUE OF ENT ENDOWMENT TREDUCED BY PT TO THE EXTENT PROPRIATIONS FROM JLATED PORTION OF SOOT PERMANENTLY ORARILY ROPRIATED FOR MANNER F PRUDENCE RSION OF UPMIFA MENT ARE USED TO SO, FACULTY AND DENT AWARDS AND
	POSITIONS UNDER FIN 48	PART X	FROM (C)(3) COLL STAT FROM THE STAM INCO OF WITHE AN AI ON E THE A	4 FED 1 OF 1 LEGE 1 LEG	EGE QUALIFIES AS ANDERAL INCOME TAXAT THE INTERNAL REVEN IS GENERALLY NOT SI COME TAXES EXCEPT RELATED BUSINESS AG THE COLLEGE ADOPTE D ON ACCOUNTING FO TAXES, WHICH ADDRES HER TAX BENEFITS CLA ON A TAX RETURN SH NCIAL STATEMENTS OF THAT THE TAX POSITION INATION BY TAXING A INICAL MERITS OF THE TIONS INCLUDE THE EGE, THE CONTINUED SUED BY THE COLLEG SUED BY THE COLLEG ONS RELATED TO THE PE ED BUSINESS TAXABLE RECOGNIZED IN THE CHAPOSITION ARE M BENEFIT THAT HAS A LIKELIHOOD OF BEIN E SETTLEMENT THE GE ERTAINTY IN INCOME GNITION, CLASSIFICA ES ON INCOME TAXES, PERIODS AT JUNE 30, ENIZED TAX BENEFITS D AS LIABILITIES	ION UUE CO JBJEC C FOR A CTIVITION OF THE TON LONDER	NDER SECTION 501 DE AS SUCH, THE T TO FEDERAL OR MOUNTS DERIVED TIES AS DEFINED BY E ACCOUNTING CERTAINTY IN THE DETERMINATION OOR EXPECTED TO BE BE RECORDED IN R THIS GUIDANCE, TAX BENEFIT FROM IF IT IS MORE LIKELY WILL BE SUSTAINED RITIES, BASED ON ITION EXAMPLES OF XEMPT STATUS OF EXEMPT STATUS OF EXEMPT STATUS OF OVARIOUS TIAL SOURCES OF OME (UBIT) THE TAX NCIAL STATEMENTS RED BASED ON THE TER THAN 50 LIZED UPON ICE ON ACCOUNTING SALSO ADDRESSES , INTEREST AND ACCOUNTING IN , THERE WERE NO
	XII, LINE 2D - OTHER STMENTS		RENT	ALE	XPENSE 41,829 GAMI	NG EX	PENSE 10,743

PART XII, LINE 4B - OTHER ADJUSTMENTS

PART XIII, LINE 2D - OTHER

PART XIII, LINE 4B - OTHER ADJUSTMENTS

ADJUSTMENTS

INSTITUTIONAL FINANCIAL AID 40,803,580 INVESTMENT

INSTITUTIONAL FINANCIAL AID 40,803,580 INVESTMENT

RENTAL EXPENSE 41,829 GAMING EXPENSE 10,743

FEES 615,611

FEES 615,611

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DLN: 93493123003113

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization THE COLLEGE OF WOOSTER

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

**Schools** 

**Employer identification number** 

	34-0714654			
Pa	rt I		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 If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
	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 Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use 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 Part II	4		
_		<b>-</b>	  ,	
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  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 Part II	7	Yes	1

#### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation				
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE IS IN COMPLIANCE WITH REV PROC 75-50 THE COLLEGE PUBLISHES ITS NONDISCRIMINATION POLICY IN DOCUMENTS USED FOR FINANCIAL AID, ADMISSIONS, AND STUDENT PROGRAMS, AND HAS THE POLICY POSTED ON ITS WEBSITE				
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE PARTICIPATES IN VARIOUS FEDERAL STUDENT ASSISTANCE PROGRAMS INCLUDING PERKINS LOANS, PELL GRANTS, AND WORK STUDY ARRANGEMENTS				

Schedule E (Form 990 or 990-EZ) 2011

DLN: 93493123003113

OMB No 1545-0047

Inspection

Open to Public

#### **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.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

Name of the organization THE COLLEGE OF WOOSTER						Employer identification number					
					34-0714654						
Pa	"Yes" to Form 990, Pa			ne United States. C	omplete if the organia	zation answered					
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?										
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside t	he					
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed )								
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	services, investments, grants to recipients located in the	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region					
	See Add'l Data			region)							
	Sub-total  Total from continuation sheets to Part I	0				102,437,05 2,433,78					

c Totals (add lines 3a and 3b)

104,870,847

Par	Part IV,	line 15, for any					plete if the organiza received more thai		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> 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 nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part IIII Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

			r	<del></del>	<del></del>	1	т
(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)
See Add'l Data						1	
	1						
	1		1			1	
	1					1	
	1		1			1	
	1		1			1	
			1			1	
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			1			1	
			1			1	
	1		1				

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	[	Yes	1	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	i	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	i	্ব	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	i	굣	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	i	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes		ᅜ	Νo

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE COLLEGE FOLLOWS FEDERAL, STATE, DONOR, AND INSTITUTIONAL GUIDELINES FOR DETERMINING ELIGIBILITY FOR SCHOLARSHIPS, PRIZES, AND OTHER GRANTS AND AWARDS THE COLLEGE MAINTAINS RECORDS SHOWING THE SELECTION CRITERIA, RECIPIENT ELIGIBILITY, HOW FUNDS MAY BE USED, AND ANY RELATED PARTY DISCLOSURES GRANTS AWARDED BY THE OFFICE OF FINANCIAL AID ARE CREDITED DIRECTLY TO STUDENT ACCOUNTS OTHER GRANTS ARE MONITORED IN VARIOUS WAYS, INCLUDING REIMBURSING ACTUAL SUBSTANTIATED EXPENSES, REQUIRING WRITTEN REPORTS, AND/OR VISITING SITES OF ACTIVITIES FUNDED BY COLLEGE GRANTS

Schedule F (Form 990) 2010

Page **5** 

# Software ID: Software Version:

**EIN:** 34-0714654

Name: THE COLLEGE OF WOOSTER

Form 990 Schedule F Part I - Activities Outside The United States

Form 990 Schedule F					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA			INVESTMENTS		76,411,909
EUROPE			INVESTMENTS		24,230,502
CENTRAL AMERICA			GRANTMAKING		231,511
EAST ASIA			GRANTMAKING		1,087,660
EUROPE			GRANTMAKING		290,446
MIDDLE EAST			GRANTMAKING		76,875
NORTH AMERICA			GRANTMAKING		21,968
RUSSIA			GRANTMAKING		86,187
SOUTH AMERICA			GRANTMAKING		32,516
SOUTH ASIA			GRANTMAKING		943,410
SUB-SAHARAN AFRICA			GRANTMAKING		766,936
EUROPE			CONFERENCE		30,945
MIDDLE EAST			CONFERENCE		1,675
NORTH AMERICA			CONFERENCE		9,484
SUB-SAHARAN AFRICA			CONFERENCE		1,861
EUROPE			FUNDRAISING		66
SOUTH ASIA			FUNDRAISING		2,593
CENTRAL AMERICA			PROGRAM	RESEARCH	3,906
EAST ASIA			PROGRAM	INSTRUCTION	39,658
EAST ASIA			PROGRAM	RESEARCH	1,470
EAST ASIA			PRO GRAM	STUDENT SERVICES	10,421
EUROPE			PROGRAM	INSTRUCTION	269,904
EUROPE			PROGRAM	RESEARCH	30,676
EUROPE			PROGRAM	ACADEMIC SUPPORT	5,123
EUROPE			PROGRAM	STUDENT SERVICES	59,662
MIDDLE EAST			PROGRAM	INSTRUCTION	53,574
MIDDLE EAST			PROGRAM	RESEARCH	5,762
MIDDLE EAST			PROGRAM	ACADEMIC SUPPORT	37,164
NORTH AMERICA			PROGRAM	RESEARCH	4,051
NORTH AMERICA			PROGRAM	ACADEMIC SUPPORT	1,580
NORTH AMERICA			PRO GRA M	STUDENT SERVICES	938
RUSSIA			PRO GRA M	RESEARCH	617
SOUTH AMERICA			PROGRAM	RESEARCH	7,924
SOUTH ASIA			PROGRAM	INSTRUCTION	92,282
SOUTH ASIA			PROGRAM	RESEARCH	74
SOUTH ASIA			PROGRAM	ACADEMIC SUPPORT	5,665
SOUTH ASIA			PROGRAM	STUDENT SERVICES	11,460
SUB-SAHARAN AFRICA			PROGRAM	INSTRUCTION	123
SUB-SAHARAN AFRICA			PROGRAM	RESEARCH	2,224
SUB-SAHARAN AFRICA			PROGRAM	ACADEMIC SUPPORT	45

SUB-SAHARAN AFRICA	AHARAN AFRICA		PRO GRAM F		RESEARCH	2,224	<del>_</del> ·	
SUB-SAHARAN AFRICA			PROGRAM ,		ACADEMIC SUPPORT	45	<del>.</del>	
							_	
Form 990 Schedule F P	art III - Gran	ts and Assist	<u>ance</u>	to Individuals C	utside The U S	· <b>_</b>		
(a) Type of grant or assistance	(b) Region	(c)Numbe recipien		(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)
SCHOLARSHIPS FOR COURSES	CENTRAL AMER	ICA	8		CREDIT TO STUDENT ACCOUNT			
SCHOLARSHIPS FOR COURSES	EAST ASIA		51		CREDIT TO STUDENT ACCOUNT			
SCHOLARSHIPS FOR COURSES	EUROPE		20	281,891	CREDIT TO STUDENT ACCOUNT			
SCHOLARSHIPS FOR COURSES	MIDDLE EAST		3	76,875	CREDIT TO STUDENT ACCOUNT			
SCHOLARSHIPS FOR COURSES	NORTH AMERIC	A	1	17,500	CREDIT TO STUDENT ACCOUNT			
SCHOLARSHIPS FOR COURSES	RUSSIA		3	, 	CREDIT TO STUDENT ACCOUNT			
SCHOLARSHIPS FOR COURSES	SOUTH AMERIC	A	1	31,245	CREDIT TO STUDENT ACCOUNT			
SCHOLARSHIPS FOR COURSES	SOUTH ASIA		52		CREDIT TO STUDENT ACCOUNT			
	SUB-SAHARAN AFRICA		19	759,779	CREDIT TO STUDENT ACCOUNT			
STUDENT RESEARCH	CENTRAL AMER	ICA	6	4,619	CHECK			
STUDENT RESEARCH	EAST ASIA		4	7,759	CHECK			
STUDENT RESEARCH	EUROPE		9	8,555	CHECK			
STUDENT RESEARCH	NORTH AMERIC	А	7	4,468	CHECK			
STUDENT RESEARCH	RUSSIA		1	1,050	CHECK			
STUDENT RESEARCH	SOUTH AMERIC	А	1	1,211	CHECK			
STUDENT RESEARCH	SOUTH ASIA		2	4,178	CHECK			
STUDENT RESEARCH	SUB-SAHARAN		1	1,334	CHECK			
STUDENT RESEARCH	CENTRAL AMER	ICA	4		CHECK	84	TRAVEL	FMV
VOCATIONAL GRANTS FOR STUDENTS	CENTRAL AMER		1	2,750	СНЕСК			
	SOUTH ASIA		9	27,850	СНЕСК			
VOCATIONAL GRANTS FOR STUDENTS	SUB-SAHARAN		2	5,500	СНЕСК			
VOCATIONAL GRANTS FOR STUDENTS	CENTRAL AMER	ICA	3			181	TRAVEL	FMV
VOCATIONAL CRANTS	EAST ASIA		1			110	TRAVEL	FMV
VOCATIONAL GRANTS FOR STUDENTS	SOUTH AMERIC	A	1			60	TRAVEL	FMV
VOCATIONAL GRANTS FOR STUDENTS	SOUTH ASIA		4			451	TRAVEL	FMV
VOCATIONAL GRANTS FOR STUDENTS	SUB-SAHARAN		4			323	TRAVEL	FMV

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As Filed Data -

DLN: 93493123003113

**SCHEDULE G** (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ► Attach to Form 990 or Form 990-F7 ► See separate instructions

Themai revende cervice	- According to the state of the	<u> Ilis pection</u>
Name of the organization		Employer identification number
THE COLLEGE OF WOO	STER	
		34-0714654

						•			
	f the organization LLEGE OF WOOSTER							Employer iden	tification number
IIL CC	LLLGL OF WOOSTLK							34-0714654	
Part :	Fundraising Ac	<b>ctivities.</b> Complete	e if the c	organizat	ion	answered "Yes"	to Forn	າ 990, Part IV	, line 17.
<b>1</b> In	dıcate whether the orga	nızatıon raısed funds	through a	any of the	follo	wing activities Che	eck all t	hat apply	
a 🔽	Mail solicitations			е	굣	Solicitation of nor	n-goverr	ment grants	
ь Г	Internet and e-mail se	olicitations		f	굣	Solicitation of gov	ernmen/	t grants	
c \	Phone solicitations			g	굣	Special fundraisin	ıg event	s	
d 🔽	In-person solicitation	าร							
or <b>b</b> If	d the organization have key employees listed ii "Yes," list the ten highe be compensated at leas	n Form 990, Part VII) est paid individuals or	or entity entities (	ın conne (fundraıse	ctior rs)p	n with professional foursuant to agreeme	fundrais ents und	ing services? Ier which the fun	
``	ame and address of individual entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv	v) Gross receipts from activity	(ori	mount paid to retained by) aiser listed in col <b>(i)</b>	(vi) A mount paid to (or retained by) organization
VASHB	URN & MCGOLDRICK	DEVELOPMENT DEPT PROGRAM							

individual or entity (fundraiser)	(, /	fundrais custo cont	ser have ody or rol of outions?	from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No			
WASHBURN & MCGOLDRICK INC 950 NEW LOUDON RD LATHAM, NY 12110	DEVELOPMENT DEPT PROGRAM REVIEW		No	0	48,748	-48,748
-						
Total					48,748	-48,748

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

			(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	(3)
₽	1	Gross receipts				
Revenue	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ر پ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
<u>ន័</u>   ភ	7	Food and beverages				
Deg Dieg	8	Entertainment				
출	9	Other direct expenses .				
	10	Direct expense summary Add lir	nes 4 through 9 in colu	mn (d)		( )
	11	Net income summary Combine I	_			
)ar	: III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		ed "Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
GII.		\$13,000 OH FOHH 990-EZ, II	ne ba.			
		\$13,000 OH FOHH 990-EZ, II	ne ba. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1			1 3 7		(Add col <b>(a)</b> through col <b>(c)</b> )
Revenue		Gross revenue		1 3 7	(c) Other gaming  18,915  1,100	(Add col <b>(a)</b> through col <b>(c)</b> )
Revenue	2	Gross revenue		1 3 7	18,915	(Add col <b>(a)</b> through col <b>(c)</b> )
Revenue	2	Gross revenue		1 3 7	18,915	(Add col (a) through
Expenses Reveilue	2	Gross revenue		1 3 7	18,915	(Add col <b>(a)</b> through col <b>(c)</b> )  18,915
Expenses Reveilue	2 3 4	Gross revenue  Cash prizes  Non-cash prizes		1 3 7	18,915	(Add col <b>(a)</b> through col <b>(c)</b> )
Expenses Reveilue	2 3 4 5	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs		bingo/progressive bingo	18,915	(Add col <b>(a)</b> through col <b>(c)</b> )  18,915
Expenses Reveilue	2 3 4 5	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses	(a) Bingo	bingo/progressive bingo	18,915 1,100 6,336	(Add col <b>(a)</b> through col <b>(c)</b> )  18,915
Direct Expenses Reveilue	2 3 4 5	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses	(a) Bingo  Yes  No	bingo/progressive bingo  ☐ Yes	18,915 1,100 6,336 ✓ Yes 67 500 %	(Add col <b>(a)</b> through col <b>(c)</b> )  18,915
Expenses Reveilue	2 3 4 5 6	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	(a) Bingo  Yes  No  s 2 through 5 in column	□ Yes	18,915 1,100 6,336 Yes 67,500 % No	(Add col <b>(a)</b> through col <b>(c)</b> )  18,915  1,100
Direct Expenses Reveilue	2 3 4 5 6	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com	(a) Bingo  Yes  No  s 2 through 5 in columnations 1 and 7 in columnations 1.	F Yes No  In (d)	18,915 1,100 6,336 Yes 67,500 % No	(Add col <b>(a)</b> through col <b>(c)</b> )  18,915  1,100
6 Direct Expenses Reveinte	2 3 4 5 6 7 8 Ent	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Comer the state(s) in which the organizer	(a) Bingo  Yes	T Yes No  In (d)	18,915 1,100 6,336 V Yes 67 500 % No	(Add col <b>(a)</b> through col <b>(c)</b> )  18,915  1,100  6,336
Direct Expenses Reveinte	2 3 4 5 6 7 8 Entt Is t If "I	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organization licensed to operate  No," Explain	(a) Bingo  Yes  No  s 2 through 5 in column  bine lines 1 and 7 in column  ation operates gaming a gaming activities in e	T Yes No  In (d)	18,915 1,100  6,336  Ves 67500% No	(Add col (a) through col (c))  18,915  1,100  6,336  (7,436 1  11,479
Direct Expenses Reveinte	2 3 4 5 6 7 8 Ent Is t	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organize the organization licensed to operate	(a) Bingo  Yes	T Yes No  In (d)	18,915 1,100  6,336  Ves 67 500 % No  No  IRED FOR A QUALIFIED	(Add col (a) through col (c))  18,915 1,100  6,336  (7,436 11,479  •
q b G Direct Expenses Reveirue	2 3 4 5 6 7 8 Ent Is t If "I THE OR!	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com  er the state(s) in which the organization licensed to operate  No," Explain  E COLLEGE CONDUCTED GAMES	(a) Bingo  Yes  No  s 2 through 5 in column  Thine lines 1 and 7 in column  ation operates gaming a gaming activities in each of the column  OF CHANCE ONLY A AME OF CHANCE	bingo/progressive bingo    Yes	18,915 1,100  6,336  Ves 67 500 % No  No  IRED FOR A QUALIFIED	(Add col (a) through col (c))  18,91  1,10  6,33  (7,436  11,479  •

Sche	dule G (Form	990 or 990-EZ) 20:	11				Page <b>3</b>			
11	Does the org	ganızatıon operate ga	aming activities with nonmembers? .			Γ <sub>Yes</sub>	<b>▽</b> No			
12	Is the organ	ızatıon a grantor, beı	neficiary or trustee of a trust or a mem	ber of a partnership or other entity						
	formed to administer charitable gaming?									
					1 1					
13			ng activity operated in							
a	_					10	00 000 %			
b		•								
14	records	name and address of	the person who prepares the organiza	tion's gaming/special events book	s and					
	Name 🟲	ANGELA JOHNST	O N							
	Address 🕨	1101 NORTH BEV	/ED STDEET							
	Address		4691							
15a	_	•	ntract with a third party from whom the							
						Yes	<b>V</b> No			
b			ning revenue received by the organizat		d the					
	_	_	ed by the third party 🟲 \$							
С	If "Yes," ent	er name and address	5							
	Name 🟲									
	Address 🟲									
16	C									
16	Gaming man	ager information								
	Name 🟲	SHARON RICE								
	C		207							
	Gaming man	Gaming manager compensation ► \$ 207								
	Description	Description of services provided ► PLANNING, ORGANIZATION, RECORD KEEPING, ADVERTISING								
	Director,	officer/	F Employee	☐ Independent contractor						
17	Mandatory d									
а			er state law to make charitable distribu		)	_	_			
		ate gaming license?				Yes	✓ No			
b	<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent									
Par			activities during the tax year > \$ provide additional information for	responses to guillestion on Sc	hedule G	(see				
		uctions.)	orac additional information for	responses to quiestion on se						
	Ide	ntifier	ReturnReference	Explana	ition					
<u> </u>			I	I						

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**General Information on Grants and Assistance** 

Schedule I (Form 990)

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.

OMB No 1545-0047

2011

DLN: 93493123003113

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
THE COLLEGE OF WOOSTER

Attach to Form 990

Employer ident
34-0714654

Employer identification number

Form 990, Part I	V, line 21 for any	Governments and recipient that received	more than \$5,000.	Check this box if no	one recipient rec	eived more than \$5,0	00. Use
Part IV and Sche	eaule 1-1 (Form 99	0) if additional space i	s needed				▶ □
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
1) GREAT DECISIONS 488 MORGAN STREET VOOSTER,OH 44691	30-0085518	501(C)(3)	7,500				LECTURE SERIES A' COLLEGE OF WOOSTER
2) WESTMINSTER RESBYTERIAN CHURCH 533 E PINE ST VOOSTER,OH 44691	34-0991124	501(C)(3)	10,000				OPERATING SUPPORT FOR CONGR -IN-RESID

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>b)</b> Number of recipients	<b>(c)</b> 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
(1) SCHOLARSHIPS FOR TUITION AND FEES	1780	37,374,554			
(2) SCHOLARSHIPS FOR COURSES AND RESEARCH	104	65,822			
(3) SCHOLARSHIPS FOR COURSES AND RESEARCH	2		2,217	FMV	TRAVEL
(4) PRIZES-ACADEMIC ACHIEVEMENT & CONTESTS	238	63,873			
(5) PRIZES-ACADEMIC ACHIEVEMENT & CONTESTS	206		14,280	FMV	JACKETS, BLANKETS, BOOKS, ETC
(6) STUDENT VOCATIONAL & OTHER GRANTS	67	69,975			
(7) STUDENT VOCATIONAL & OTHER GRANTS	5		1,466	FMV	TRAVEL

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE COLLEGE FOLLOWS FEDERAL, STATE, DONOR, AND INSTITUTIONAL GUIDELINES FOR DETERMINING ELIGIBILITY FOR SCHOLARSHIPS, PRIZES, AND OTHER GRANTS AND AWARDS THE COLLEGE MAINTAINS RECORDS SHOWING THE SELECTION CRITERIA, RECIPIENT ELIGIBILITY, HOW FUNDS MAY BE USED, AND ANY RELATED PARTY BEFORE PAYING GRANTS TO OTHER ENTITIES, THE COLLEGE OBTAINS DOCUMENTATION SHOWING THE RECIPIENT IS ELIGIBLE TO RECEIVE DEDUCTIBLE CHARITABLE CONTRIBUTIONS GRANTS AWARDED BY THE OFFICE OF FINANCIAL AID ARE CREDITED DIRECTLY TO STUDENT ACCOUNTS OTHER GRANTS ARE MONITORED VARIOUS WAYS, INCLUDING REIMBURSING ACTUAL SUBSTANTIATED EXPENSES, REQUIRING WRITTEN REPORTS, AND/OR VISITING SITES OF ACTIVITIES FUNDED BY COLLEGE GRANTS

DLN: 93493123003113

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

IHE	COLLEGE OF WOOSTER		34-0714654					
Pa	rt I Questions Regarding Compensation	1						
			_		Yes	Νo		
1a	Check the appropriate box(es) if the organization provided an 990, Part VII, Section A, line 1a Complete Part III to provi							
		Housing allowance or residence for						
	Travel for companions	Payments for business use of perso	nal residence					
	▼ Tax idemnification and gross-up payments ▼	Health or social club dues or initiati	on fees					
	Discretionary spending account	Personal services (e g , maid, chauf	feur, chef)					
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?							
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply							
		Written employment contract						
		Compensation survey or study						
	Form 990 of other organizations	Approval by the board or compensa-	tion committee					
4	During the year, did any person listed in Form 990, Part VII, or a related organization	. Section A , line 1a with respect to th	ne filing organization					
а	Receive a severance payment or change-of-control payment	?		4a		Νo		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
С	Participate in, or receive payment from, an equity-based com	npensation arrangement?		4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item ii	n Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must compl	lete lines 5-9.						
5	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the revenues of	did the organization pay or accrue ai	ıy					
а	The organization?			5a		Νo		
b	Any related organization?			5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in form 990, Part VII, Section A, line 1a, compensation contingent on the net earnings of	dıd the organızatıon pay or accrue aı	ıy					
а	The organization?			6a		Νo		
b	Any related organization?			6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III							
7	For persons listed in Form 990, Part VII, Section A, line 1a, payments not described in lines 5 and 6? If "Yes," describe		n-fixed	7		No		
8	Were any amounts reported in Form 990, Part VII, paid or ac subject to the initial contract exception described in Regs's in Part III							
_		his and a second second	ļ B	8		Νo		
9	If "Yes" to line 8, did the organization also follow the rebutta	DIE Presumption procedure describe	u in Kegulations					

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation			(B)(ı)-(D)		
(1) GRANT H CORNWELL	(ı) (ıı)	343,400 0	283 0	44,915 0	80,910 0	110,490 0	579,998 0		
(2) ELLEN FALDUTO	(I) (II)	129,202 0	20,337 0	0	15,600 0	5,482 0	170,621 0		
(3) SCOTT FRIEDHOFF	(ı) (ıı)	221,620 0	0 0	7,886 0	46,460 0	19,425 0	295,391 0		
(4) CAROLYN NEWTON	(ı) (ıı)	186,519 0	<b>422</b> 0	3,237 0	19,190 0	11,309 0	220,677 0		
(5) LAURIE L STICKELMAIER	(ı) (ıı)	187,939 0	0 0	810 0	21,352 0	15,309 0	225,410 0		
(6) W HAYDEN SCHILLING	(I) (II)	121,823 0	32,360 0	0 0	15,187 0	11,039 0	180,409 0		
(7) SARA L PATTON	(I) (II)	189,378 0	38 0	3,337 0	22,889 0	5,560 0	221,202 0		
(8) SHILA GARG	(I) (II)	106,896 0	0	1,258 0	13,378	11,039 0	132,571		

#### 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

Identifier	Return Reference	Explanation
		PART I, LINE 1A GRANT H CORNWELL RECEIVED THE FOLLOWING TAXABLE BENEFITS COUNTRY CLUB EXPENSES - \$3,758 HOUSEKEEPING - \$2,979 CABLE - \$432 PHONE - \$120 AUTO - \$324 GROSS-UP PAYMENT - \$16,189
	4B	GRANT H CORNWELL ACCRUED DEFERRED COMPENSATION OF \$51,510 FOR A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN CAROLYN NEWTON ACCRUED DEFERRED COMPENSATION OF \$19,190 FOR A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN SCOTT FRIEDHOFF ACCRUED DEFERRED COMPENSATION OF \$46,460 FOR A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN LAURIE L STICKELMAIER ACCRUED DEFERRED COMPENSATION OF \$3,677 FOR A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN ANGELA JOHNSTON ACCRUED DEFERRED COMPENSATION OF \$9,090 FOR A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

Schedule J (Form 990) 2011

Schedule K (Form 990)

**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 0 (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

**DLN: 93493123003113**OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE COLLEGE OF WOOSTER

Employer identification number 34-0714654

											4-071-	1034														
P	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rice	(f)	Description	of Purpose	( <b>g</b> ) De	feased	Beh	On alf of suer		Pool											
		<u> </u>	ĺ	<u> </u>						Yes	No	Yes	No	Yes	No											
A	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AHX1	04-03-2003	7,748	3,270	EDUC#	ATIONALF	FACILITIES		X		х		х											
В	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756BQW3	12-28-2005	15,852	2,223	EDUCATIONAL FACILITIES			×		х		х												
c	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AY55	05-04-2010	9,953	3,556	EDUCATIONAL FACILITIES			Х		х		х												
D	OHIO HIGHER EDUCATIONAL FACILITY COMMISSION	34-6849674	67756AGC2	05-30-2012	9,182	2,102	EDUCATIONAL FACILITIES			Х		x		х												
P	art III Proceeds																									
1	Amount of bonds retired	A	1,760,	.000	B	4,260,000		<b>C</b> 4	45,000		D															
	A mount of bonds defeased	+	4,750,			1,200,000		-	10,000																	
3	Total proceeds of issue		7,777,			15,852,223		9 9	53,556		9	,182,102														
4	Gross proceeds in reserve fur	+		+555		13,032,223		٠,٠	33,330	3,102,102																
	Capitalized interest from proc	+		$\dashv$																						
6	Proceeds in refunding escrow				+	7,616,	557		550,000					3	,999,686											
7	Issuance costs from proceeds				+			197,223	197,350					182,416												
8	Credit enhancement from proc				+	131,713		137,1	197,330					102,												
9	Working capital expenditures	from proceeds			+		$\overline{}$																			
10	Capital expenditures from pro	oceeds			+				15,105,000		9,3	63,732														
11	Other spent proceeds				†	29	,669		•			92,474														
12	O ther unspent proceeds											-		5,	,000,000											
13	Year of substantial completion	n			200	03		200	08				<u> </u>													
$I^{-}$					Yes	No	,	Yes	No	Yes		No	Yes	; <u> </u>	No											
14	Were the bonds issued as par	rt of a current refund	ing issue?		Х			Х				Χ			X											
15	Were the bonds issued as par	rt of an advance refu	ındıng ıssue?			Х			Х			Χ	Х													
16	Has the final allocation of pro	ceeds been made?			Х			Х		Х					X											
17	Does the organization maintai	ıın adequate books a	ınd records to supr	port the final	х			×		Х			х													
Pa	rt IIII Private Business L	Use							<u> </u>																	
					А	1		F	В		С			D	•											
l					Yes	No	<u> </u>	Yes	No	Yes		No	Yes	<u>.                                    </u>	No											

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Χ

3a b	Private Business Use (Continued)  Are there any management or service contracts that may result in private use?		Yes	Α		В		С		D	
						_		-	D		
			165	No	Yes	No	Yes	No	Yes	No	
ь		business		х		х		х		х	
	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?										
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х		Х		х		х	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper	other outside ty?									
4	Enter the percentage of financed property used in a private business use b other than a section 501(c)(3) organization or a state or local government			0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government			0 %		0 %		0 %	<b>%</b>		
6	Total of lines 4 and 5			0 %		0 %		0 %			
7	Has the organization adopted management practices and procedures to en post-issuance compliance of its tax-exempt bond liabilities?	sure the	Х		Х		Х		х		
Part				<u> </u>				<u>'</u>	•	•	
		Α	T		В		С		D		
	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No	Yes	No	Ye	:5	No	Yes	No	
			X	X				X		Х	
2	Is the bond issue a variable rate issue?		Х		Х			Х		Χ	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х		X			Х		Х	
<b>b</b>	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?										
<u>е</u>	Was a hedge terminated?										
4a	Were gross proceeds invested in a GIC?		Х		X			Х		X	
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			х		Х	
6	Did the bond issue qualify for an exception to rebate?	х			Х			х		Х	

#### Procedures To Undertake Corrective Action

#### Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K,		OF ISSUE IN PART II, LINE 3 IS INVESTMENT INCOME EARNED ON BOND ESCROW BEFORE THE BOND PROCEEDS WERE EXPENDED
PART I, COLUMN (E) &	BETWEEN ISSUE PRICE	
SCHEDULE K,	IN PART I,	
, ,	COLUMN (E)	
LINE 3 THE	AND THE TOTAL	
	PROCEEDS	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493123003113

OMB No 1545-0047

#### 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.

2011

Open to Public Inspection

	o <b>f the organization</b> LEGE OF WOOSTER		Employer identification number										
Part I								organı		nly).			
	Complete if the organizat	ion ans	wered "	Yes" on Fori	m 990, F	Part IV, line 25a c	or 25b, c	r Form	990-EZ,	Part V, I	ine 40b		
_	(a) Nama af diag	المانات المانات										(c)	
1	(a) Name of disq	uaimed	person			<b>(b)</b> Desc	ription	of trans	action			rected?	
											Yes	No	
2 [-	ter the amount of tax ımpos		h			. d. a a a l. £. a d. m a wa				_	<u> </u>		
	ction 4958		ne orgai		_	disqualified perso			rear under	· s			
	ter the amount of tax, if any									· ¢			
3 [	ter the amount of tax, if any	, 011 1111	2,450	ve, remiburs	ca by th	e organization :	• •	•	• • •	<u> </u>			
Part I													
	Complete if the organiz	zation a	nswere	d "Yes" on F	orm 990	, Part IV, line 26	, or Forr	n 990-E		, lıne 38	a		
		(b) ∟	oan to				(a) T	(f)		. a d	<b>(g)</b> Written		
(a) Nan	ne of interested person and	or from the		(c)0 rig		(d)Balance due	(e) I defau		Approved by board or		agreem		
	purpose	organı	organization? pi		amount			-	committee?				
		То	From				Yes	No	Yes	No	Yes	No	
Total .					<b>▶</b> \$								
Part II								. –					
	Complete if the orga	mzauc						. / .					
(	(a) Name of interested pers	on	'			een interested per ganization	son	<b>(c)</b> A m	nount of gr	ant or ty	pe of assı	stance	
(1)						9							
<b>(- )</b>												19,500	

# Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	n answered "Yes" on	Form 990, Part IV, III	ie 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	organiz rever	aring of zation's nues?
(1) MARGUERITE K CORNWELL	SPOUSE OF PRESIDENT	107,329	COMPENSATION	Yes	No No
(2) STEVE STICKELMAIER	STEPSON OF VPFB	12,637	COMPENSATION		No
	TRUSTEE JOAN CARTER'S HUSBAND, JOHN AGLIALORO, IS 50% SHAREHOLDER OF UM HOL	·	CYBEX PROVIDED FITNESS EQUIPMENT FOR SCOT CENTER AT LOWER THAN MARKET RATES		No

#### Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493123003113

OMB No 1545-0047

Open to Public

## **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** 

**Employer identification number** 

Inspection

Name of the organization THE COLLEGE OF WOOSTER 34-0714654 Part I Types of Property (d) (a) (b) (c) Check Number of Contributions Contribution amounts Method of determining reported on ıf or items contributed contribution amounts applicable Form 990, Part VIII, line 1 g 3 OTHER 1 Art-Works of art . . . . Χ 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications Х 1 OTHER Clothing and household 31,155 FMV & OTHER Χ goods . . . . . . Cars and other vehicles 7 Boats and planes . . . Intellectual property . . . 70 538,181 FMV Securities—Publicly traded . Χ 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 14 Oualified conservation contribution—Other . . Real estate—Residential . 16 Real estate—Commercial . 151,500 FMV 17 Real estate—Other . . . 1 Х 18 Collectibles . . . . Х 4 4 OTHER 1,499 FMV & OTHER Х 19 Food inventory . . . 20 Drugs and medical supplies **21** Taxidermy . . . . . 22 Historical artifacts . . . . 23 Scientific specimens . . 24 Archeological artifacts . 8 5 FMV Х Other►(<u>TICKETS</u> 25 26 Other►( \_\_ **27** Other ▶(\_\_ 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 2 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . 30a No **b** If "Yes," describe the arrangement in Part II 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash **32a** | Yes

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

**b** If "Yes," 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.

		Fl.						
Identifier	Return Reference	Explanation						
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS						
THIRD PARTY USE	PART I, LINE 32B	THIRD PARTY INVOLVEMENT, PART I, LINE 32B THE COLLEGE USES A BROKER TO PROCESS AND SELL DONATED SECURITIES THE FEES CHARGED BY THE BROKER ARE AT OR BELOW THE FAIR MARKET VALUE OF SUCH SERVICES REVENUE REPORTING FOR CERTAIN NON-CASH CONTRIBUTIONS, PART I, LINE 33 UNDER ASC 958-605, "COLLECTIONS" ARE DEFINED AS WORKS OF ART, HISTORICAL TREASURES, OR SIMILAR ASSETS THAT ARE (A) HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN, OR (B) PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED PROCEEDS FROM THE SALE OF "COLLECTION" ITEMS MUST BE USED TO ACQUIRE ADDITIONAL COLLECTION ITEMS UNDER THIS ACCOUNTING STANDARD, THE COLLEGE DOES NOT CAPITALIZE "COLLECTIONS" AND ACCORDINGLY DID NOT RECORD REVENUE FOR DONATIONS THAT MET THE DEFINITION OF "COLLECTIONS", INCLUDING WORKS OF ART, RARE BOOKS, OTHER HISTORICAL MEMORABILIA OTHER GIFTS FOR WHICH THERE WERE NO READILY-AVAILABLE ESTIMATES OF FAIR MARKET VALUE EITHER WERE NOT RECORDED OR WERE RECORDED AT \$1 FOR TRACKING PURPOSES						

Schedule M (Form 990) 2011

OMB No 1545-0047

## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Inspection

Name of the organization THE COLLEGE OF WOOSTER

**Employer identification number** 

34-0714654

ldentifier	Return	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF TRUSTEES HAS DELEGATED THE RESPONSIBILITY AND AUTHORITY FOR REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE, WITH THE ASSISTANCE OF THE INDEPENDENT PUBLIC ACCOUNTING FIRM, REVIEWS AND APPROVES THE FORM 990 BEFORE SUBMISSION TO THE IRS A FULL COPY OF THE 990 IS PROVIDED TO ALL TRUSTEES PRIOR TO FILING THE FORM WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE RESPECTS THE RIGHT OF ITS TRUSTEES, OFFICERS, FACULTY AND STAFF MEMBERS TO ENGAGE IN OUTSIDE BUSINESS, FINANCIAL, SERVICE, AND/OR OTHER ACTIVITIES, RECOGNIZING THAT CONFLICTS OF INTEREST DO ARISE FROM TIME TO TIME, AND THAT THESE CONFLICTS 1 MAY RESULT FROM THE INDIVIDUAL'S RELATIONSHIPS WITH OUTSIDE ORGANIZATIONS, PERSONS, OR CAUSES REFLECTING THE PERSONS PROMINISCE, REPUTATION, AND INFLUENCE, AND 2 NEED NOT BE HARMFUL, AND, INDEED MAY BE FAVORABLE, TO THE COLLEGES INTERESTS, AS LONG AS THEY ARE DISCLOSED AND UNDERSTOOD IN THE COLLEGES DECISION-MAKING PROCESSES SUCH REAL OR APPARENT CONFLICTS ARE NOT CONSIDERED DETRIMENTAL IF 1 THEY ARE PULLY DISCLOSED TO THE APPROPRIATE DESIGNATED SENIOR STAFF MEMBER OR THE AUDIT COMMITTEE OF THE BOARD, 2 THEIR NATURE IS KNOWN AND UNDERSTOOD BY THE INDIVIDUAL'S IMMEDIATE SUPERVISOR AND THE APPROPRIATE SENIOR STAFF MEMBER FOR FACULTY AND STAFF EMPLOYEES, AND THE AUDIT COMMITTEE OF THE BOARD, 2 THEIR NATURE IS KNOWN AND UNDERSTOOD BY THE INDIVIDUAL'S INTEREST OR SUPERVISOR AND THE APPROPRIATE SENIOR STAFF MEMBER FOR FACULTY AND STAFF EMPLOYEES, AND THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR SENIOR STAFF MEMBERS, THE PRESIDENT, AND TRUSTEES ACTIVITIES DOES NOT INTERFERE WITH THE INDIVIDUAL'S DUTIES, 5 THE TRUSTEE OR EMPLOYEE REFRAINS FROM PARTICIPATING IN COLLEGE MATTERS RELATED TO SUCH ACTIVITIES, AND 6 THE TRUSTEE OR EMPLOYEE REMAILOR TO SUCH ACTIVITIES, AND 6 THE TRUSTEE OR EMPLOYEE RAWLOYED ALWAYS ACTS IN A MANNER THAT FOSTERS THE OBJECTIVES OF THE COLLEGES CORE MISSION TO PROVIDE THE BEST POSSIBLE EDUCATIONAL EXPERIENCE FOR WOOSTER'S STUDENTS, TO PROVIDE THE PROPER BIVIRONMENT FOR FACULTY TO TEACH, AND TO RESPONSIBLY STEWARD THE COLLEGES FINANCIAL, HUMAN, AND PHYSICAL RESOURCES CONFLICT OF INTEREST QUESTIONNAIRES ARE COMPLETED ANNUALLY BY ALL TRUSTEES AND EACH OFFICER, SENIOR STAFF, MEMBER WHO IS CURRENTLY SERVING THE COLLEGE, OR WHO HAS RESPONSIBILITY FOR APPROVING THE SANCE THE BOARD OF TRUSTEES REVIEWS AND APPROVES ALL SUBSTANTIAL, ACTUAL OR POTENTIAL C
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS SURVEYS CONDUCTED BY THE GREAT LAKES COLLEGES ASSOCIATION (GLCA) AND JOINT PAYROLL SURVEYS CONDUCTED BY THE GLCA AND ASSOCIATED COLLEGES OF THE MIDWEST (ACM) COMPENSATION ARRANGEMENTS FOR THE PRESIDENT ARE REVIEWED AND APPROVED BY INDEPENDENT MEMBERS OF THE EXECUTIVE COMMITTEE. THE PRESIDENT'S COMPENSATION IS DETERMINED BASED ON REFERENCE TO THE SALARY SURVEYS AND THE PRESIDENT'S JOB PERFORMANCE. RECOMMENDED COMPENSATION ARRANGEMENTS FOR OTHER SENIOR OFFICERS AND STAFF ARE DEVELOPED BY THE PRESIDENT IN CONSULTATION WITH THE CHAIRMAN OF THE BOARD AND ARE BASED ON THE ABOVE MENTIONED SALARY SURVEYS, JOB PERFORMANCE, AND EXPERIENCE IN THE POSITION THESE RECOMMENDATIONS ARE PRESENTED TO THE FULL EXECUTIVE COMMITTEE FOR DISCUSSION AND APPROVAL. COMPENSATION DECISIONS MADE BY THE EXECUTIVE COMMITTEE AFFECTING THE PRESIDENT AND OTHER SENIOR OFFICERS ARE REPORTED TO THE FULL BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION C, LINE 18	THE COLLEGE FILED ITS FORM 1023 BEFORE JULY 15, 1987 AND DID NOT HAVE A COPY OF THIS FILING AS OF THAT DATE. UNDER THE REGULATIONS OF THE INTERNAL REVENUE CODE, THE COLLEGE IS NOT REQUIRED TO MAKE ITS FORM 1023 AVAILABLE FOR PUBLIC INSPECTION. THE 990 AND 990T ARE AVAILABLE UPON REQUEST.
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE POSTS ITS AUDITED FINANCIAL STATEMENTS ON THE COLLEGE WEBSITE (WWW WOOSTER EDU) THE COLLEGE DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES		NET UNREALIZED LOSSES ON INVESTMENTS -4,625,893

DLN: 93493123003113

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

**Employer identification number** Name of the organization THE COLLEGE OF WOOSTER 34-0714654 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
(1) WOOSTER TECHNOLOGY GROUP LTD 1101 NORTH BEVER STREET WOOSTER, OH 44691 26-3895769	HOLD PATENTS	ОН	0	7,740	THE COLLEGE OF WOOSTER
(2) THE WOOSTER INN MANAGEMENT COMPANY LTD 1101 NORTH BEVER STREET WOOSTER, OH 44691 26-4321151	INN MANAGEMENT	ОН	23,648	59,895	THE COLLEGE OF WOOSTER
			·		

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

						((	1)
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	Section 5: conti	12(b)(13) rolled
		or foreign country)		(if section 501(c)(3))	entity	organi	ızatıon
						Yes	No
(1) GREAT LAKES COLLEGES ASSOCIATION INC							
535 WEST WILLIAM	EDUCATION CONSORTIUM	MI	501(C)(3)	LINE 11A, I	N/A		No
ANN ARBOR, MI 48103 38-1678376							
(2) THE FIVE COLLEGES OF OHIO							
209 CHASE AVENUE	EDUCATION CONSORTIUM	ОН	501(C)(3)	LINE 11A, I	N/A		No
EATON CENTER GAMBIER, OH 43022 31-1440434			, ,,,	·			
For Privacy Act and Panenwork Peduction Act Notice see the Instruct	tions for Form 900	Cat No 50	125V		Schodulo D (F	arm 000\	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h) Dispropitionate allocations?		Disproprtionate allocations?		Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No					
												i				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

(6)

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity  b Gift, grant, or capital contribution to related organization(s)  c Gift, grant, or capital contribution from related organization(s)  d Loans or loan guarantees to or for related organization(s)  e Loans or loan guarantees by related organization(s)  f Sale of assets to related organization(s)  11  12  13  14  15  16  17  18  18  19  19  19  10  10  11  11  11  11  11	Lb Yes	No						
b Gift, grant, or capital contribution to related organization(s)  c Gift, grant, or capital contribution from related organization(s)  d Loans or loan guarantees to or for related organization(s)  e Loans or loan guarantees by related organization(s)  1e	Lb Yes	No S No No No No						
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)  1c	Lc Yes	No No No No						
d Loans or loan guarantees to or for related organization(s)  e Loans or loan guarantees by related organization(s)  1d  1e	ld le lf lg	No No No No						
e Loans or loan guarantees by related organization(s)	le lf lg	No No No						
E Louis of four guarantees by feraced organization(s)	lf lg	No No						
f Sale of assets to related organization(s)	lg lh	No						
f Sale of assets to related organization(s)	lg lh	No						
	lh .							
g Purchase of assets from related organization(s)	_	No						
h Exchange of assets with related organization(s)	Li							
i Lease of facilities, equipment, or other assets to related organization(s)		No						
j Lease of facilities, equipment, or other assets from related organization(s)		No						
k Performance of services or membership or fundraising solicitations for related organization(s)		No						
I Performance of services or membership or fundraising solicitations by related organization(s)	II Ye:							
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
n Sharing of paid employees with related organization(s)	ln Ye	5						
o Reimbursement paid to related organization(s) for expenses	lo Ye	5						
p Reimbursement paid by related organization(s) for expenses	.p	No						
q Other transfer of cash or property to related organization(s)	_	No						
r Other transfer of cash or property from related organization(s)	Lr Ye	3						
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds								
(a) (b) (c) (d)  Name of other organization (a) Transaction (b) (c) Method of determine the control of the cont	) mining a	mount						
type(a-r) Amount involved involve								
1) 2)								
3)								
4)								
5)								

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	501(c)(3) organizations?		partners section 501(c)(3) organizations?		, partners section 501(c)(3) organizations?		Share of total income assets amount in 20 of Schedu (Form 100)		(h) Disproprtionate allocations?		conate allocations?  Code V—UBI amount in box 20 of Schedule K- (Form 1065)		Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No						

Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 34-0714654

Name: THE COLLEGE OF WOOSTER

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	n services										
(Code	) (Expenses \$	10,610,482	including grants of \$	77,300 ) (Revenue \$	3,090,364 )						
RESEARCH PROGRAMS, PUBLIC & ACADEMIC SUPPORT											

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and I	(B)			C)				(D)	(E)	(F)
Name and Title	A verage hours		ition that a	(che	/)			Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
PAUL R ABBEY TRUSTEE	1 50	Х						0	0	0
RICHARD J BELL TRUSTEE	1 50	Х						0	0	0
SANDEEP BHATIA TRUSTEE	1 50	Х						0	0	0
JOAN BLANCHARD TRUSTEE	1 50	Х						0	0	0
RICHARD A BOWERS TRUSTEE	1 50	Х						0	0	0
DOUGLAS F BRUSH TRUSTEE/COMM CHAIR	5 00	Х						0	0	0
MARJORIE M CARLSON TRUSTEE	1 50	Х						0	0	0
JOAN P CARTER TRUSTEE	1 50	Х						0	0	0
JAYNE HART CHAMBERS TRUSTEE/COMM CHAIR	5 00	Х						0	0	0
GRANT H CORNWELL TRUSTEE/PRESIDENT	70 00	Х		х				388,598	0	191,400
DOON A FOSTER TRUSTEE	1 50	Х						0	0	0
DONALD R FREDERICO TRUSTEE/COMM CHAIR	5 00	Х						0	0	0
STEPHEN C GAULT TRUSTEE/COMM CHAIR	5 00	Х						0	0	0
DAVID H GUNNING TRUSTEE/BOARD CHAIR	8 00	Х		х				0	0	0
DIANE L HAMBURGER TRUSTEE	1 50	Х						0	0	0
JENNIFER A HAVERKAMP TRUSTEE/COMM CHAIR	5 00	Х						0	0	0
JC JOHNSTON III TRUSTEE	1 50	Х						0	0	0
DONALD L KOHN TRUSTEE	1 50	Х						0	0	0
LEE E LIMBIRD TRUSTEE	1 50	Х						0	0	0
KAREN M LOCKWOOD TRUSTEE	1 50	Х						0	0	0
GREGORY A LONG TRUSTEE/COMM CHAIR	5 00	Х						0	0	0
WILLIAM A LONGBRAKE TRUSTEE/COMM CHAIR	5 00	Х						0	0	0
H CHRISTOPHER LUCE TRUSTEE	1 50	Х						0	0	0
STEWART R MASSEY TRUSTEE	1 50	Х						0	0	0
LYNNE D MCCREIGHT TRUSTEE/COMM CHAIR	5 00	Х						0	0	0

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		( ition that a		y)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
E BLAKE MOORE JR TRUSTEE	1 50	Х						0	0	0		
MARY A NEAGOY TRUSTEE/COMM CHAIR	5 00	Х						0	0	0		
SOLOMON OLIVER JR TRUSTEE/COMM CHAIR	5 00	Х						0	0	0		
JOHN P PAPP MD TRUSTEE	1 50	Х						0	0	0		
DALE C PERRY TRUSTEE	1 50	Х						0	0	0		
MIKAEL SALOVAARA TRUSTEE	1 50	Х						0	0	0		
ROBERT L SAVITT TRUSTEE	1 50	Х						0	0	0		
RICHARD N SEAMAN TRUSTEE	1 50	Х						0	0	0		
KENNETH SHAFER TRUSTEE	1 50	Х						0	0	0		
MARIANNE MORROW SPRAGUE TRUSTEE/COMM CHAIR	5 0 0	Х						0	0	0		
SALLY J STALEY TRUSTEE	1 50	Х						0	0	0		
PETER E SUNDMAN TRUSTEE/COMM CHAIR	5 00	Х						0	0	0		
NANCY WILKIN SUTHERLAND TRUSTEE	1 50	Х						0	0	0		
CLARENCE R WILLIAMS TRUSTEE	1 50	Х						0	0	0		
RUTH W WILLIAMS TRUSTEE	1 50	Х						0	0	0		
JAMES R WILSON TRUSTEE	1 50	Х						0	0	0		
ELLEN FALDUTO CHIEF INFORMATION & PLANNING OFFICER	60 00			Х				149,539	0	21,082		
SCOTT FRIEDHOFF VP FOR ENROLL/COLL RELATIONS	60 00			х				229,506	0	65,885		
KURT C HOLMES DEAN OF STUDENTS	60 00			х				103,560	0	32,997		
LAURIE HOUCK VP DEVELOP & ALUM RELATIONS	60 00			Х				106,051	0	11,286		
ANGELA JOHNSTON SEC OF COLL & CHIEF OF STAFF	60 00			Х				91,936	0	40,629		
CAROLYN NEWTON PROVOST	60 00			х				190,178	0	30,499		
LAURIE L STICKELMAIER VP FINANCE & BUSINESS/TREASURER	60 00			х				188,749	0	36,661		
W HAYDEN SCHILLING PROFESSOR OF HISTORY	40 00					Х		154,183	0	26,226		
MARK CHRISTEL DIRECTOR OF LIBRARIES	40 00					х		120,243	0	28,512		

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

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Highest employ Key Institution or di		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations				
JOHN W SELL PROFESSOR OF ECONOMICS	40 00					Х		119,676	0	27,063	
DONALD JACOBS PROFESSOR OF PHYSICS	40 00					х		117,546	0	28,798	
STEPHEN MOORE HEAD COACH - MEN'S BASKETBALL	40 00					х		117,514	0	22,169	
SARA L PATTON FORMER SENIOR DIRECTOR	60 00						х	192,753	0	28,449	
SHILA GARG FORMER INTERIM PROVOST	60 00						Х	108,154	0	24,417	