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Department of the Treasury

Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

2011

2011

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

Open to Public
Inspection

				_		Inspection			
		2011 calendar year, or tax year beginning 07-01-	2011 and ending 06-30-201	2	D Employer	identification number			
	еск іт ар dress ch	WASHINGTON COLLEGE			52-0591	691			
_	me char	Doing Business As			E Telephone				
	nal retur				(410)77	8-7224			
	minated	200 Mashington Ave	elivered to street address) Room/su	ite	<b>G</b> Gross recei	pts \$ 114,555,549			
_	ended r	City or town, state or country, and ZIP + 4 Chestertown, MD 216201197 pending							
		<b>F</b> Name and address of principal offi	cer	H(a) Ic th	┃ ıs a group ret	urn for			
		Mitchell B Reiss President		affilia		TYes ▼ No			
		300 Washington Avenue Chestertown, MD 21620		11/1-> •					
		, i		` `	l <b>Iaffiliates in</b> cl	luded? Yes No			
<b>I</b> Ta	x-exem	pt status	☐ 4947(a)(1) or ☐ 527		o, accacii a ii ip exemption				
J W	ebsite	:: ► www washcoll edu							
<b>K</b> For	n of org	anization 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other	<b>&gt;</b>	<b>L</b> Year of fo	rmation 1782	<b>M</b> State of legal domicile			
Pa	rt I	Summary				- 1			
Governance	1	Briefly describe the organization's mission or mos TO DEVELOP IN ITS STUDENTS THE HABITS ( SENSITIVITY, AND TO ENRICH THE CULTURA	OF ANALYTIC THOUGHT, A	ESTHETIC IN	SIGHT,IMA	GINATION, ETHICAL			
i Šeli									
		Check this box 🛏 if the organization discontinue		of more than 2	i	1			
Activities &		Number of voting members of the governing body		•	3	<del>-</del>			
ĕ		Number of independent voting members of the gov	- ' ' '		. 4				
<u> </u>		Total number of individuals employed in calendar Total number of volunteers (estimate if necessary			6				
ă		Total unrelated business revenue from Part VIII,	•		78				
	I	Net unrelated business revenue from Part VIII,	• • •		78				
	В.	vet unrelated business taxable income nom rom		Dric	r Year	-394,914 Current Year			
	8	Contributions and grants (Part VIII, line 1h)		Pilo	10,404,228	<del> </del>			
≗	9	Program service revenue (Part VIII, line 2g)			64,355,876				
Revenue	10	Investment income (Part VIII, column (A), line	<u> </u>						
ř	11	Other revenue (Part VIII, column (A), lines 5, 6			7,300,101				
	12	Total revenue—add lines 8 through 11 (must ed	e	<u> </u>					
		12)			82,769,171				
	13	Grants and similar amounts paid (Part IX, colur			21,786,252				
	14	Benefits paid to or for members (Part IX, colum			0	0			
s?	15	Salaries, other compensation, employee benefit 5-10)	s (Part IX, column (A), lines		27,870,434	31,141,026			
Expenses	16a	Professional fundraising fees (Part IX, column (		0					
9	ь			0					
Ш	17		otal fundraising expenses (Part IX, column (D), line 25) \(\bullet \frac{1,920,842}{1,920,842}\) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						
	18	Total expenses Add lines 13–17 (must equal F			26,670,670 76,327,356				
	19	Revenue less expenses Subtract line 18 from l			6,441,815	<u> </u>			
Net Assets or Fund Balances					g of Current ear	End of Year			
See the see th	20	Total assets (Part X, line 16)			354,281,446	348,300,188			
ZAS AB	21	Total liabilities (Part X, line 26)			75,446,151				
<u> </u>	22	Net assets or fund balances Subtract line 21 fr			278,835,295				
	1311	Signature Block			, -,				
Unde know	r penal	ties of perjury, I declare that I have examined this re and belief, it is true, correct, and complete. Declaration		r) is based on	all information				
Sigr	,	Signature of officer			013-05-06 ate				
Her		James Manaro SR VP FINANCE AND ADMIN Type or print name and title							
			Date	Check If	Drenarara ta	kpayer identification number			
Dv!יר		Preparer's signature		self-	(see instruction				
Paid Pren	arer's			employed 🕨 🦳					
Use (		Firm's name (or yours   GRANT THORNTON LLP   f self-employed),			EIN 🕨				
'	only.	address, and ZIP + 4 666 THIRD AVENUE	-		Dk - · · ·	(212) 500 0100			
		NEW YORK, NY 100174011			Phone no	(212) 599-0100			

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

Form	1990 (2011)			Page
Par		m Service Accomplishments uns a response to any question in this Pa	rt III	
1	Briefly describe the organization's	mission		
valu acad our s conv acce stud	es of our founding patron, George W. emic rigor and self-discovery in a s students habits of analytic thought a ersation and close connections with ss to exciting cities and the Chesa	orres emerging citizen leaders to discove ashington integrity, determination, curic upportive, residential community of well- and clear communication, aesthetic insig h an exceptional faculty and staff comple peake Bay, and engagement with culture ities for personal exploration and shared	osity, civility, leadership, and mora -qualified, diverse, and motivated i ght, ethical sensitivity, and civic re ement a broad curriculum of study s and communities locally and aro	il courage We offer Individuals We develop in Esponsibility Unhurried A beautiful campus, ready und the world afford our
_				
2	Did the organization undertake an the prior Form 990 or 990-EZ?	y significant program services during the	year which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new servi	ces on Schedule O		
3	Did the organization cease conductservices?	cting, or make significant changes in how	it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes of	on Schedule O		
4	expenses Section 501(c)(3) and	am service accomplishments for each of 501(c)(4) organizations and section 494 he total expenses, and revenue, if any, fo	47(a)(1) trusts are required to repo	
4a	(Code ) (Expens	es \$ 63,865,583 including grants of	\$ 22,042,997 ) (Revenue \$	56,356,917 )
	ethical sensitivity and clarity of expression further education and productive careers intellectual interests and career aspiration	ude succeeding as an institution of higher education while successfully graduating students at a rate.  With 40 majors and academic programs to choons. In addition to traditional fields of study, they it asian studies, among others. The College also of ering, nursing and pharmacy.	e of 64% in 4 years. The College endeavo ose from, over 1550 students can devise a may choose an area of concentration in fig	rs to prepare its graduates for course of study that fits their elds such as behavioral
	(Code ) (Expens	es\$ 7,071,473 including grants of	\$ ) (Revenue \$	10,924,239 )
	Washington College's Residential Life pro and to their fellow students. It attempts half"" of a college education. With appro houses the dining facilities for WC. The allowing for a customized dining experie	ogram provides students with opportunities and exto provide a relaxing and calm atmosphere for stoximately 27 dorms to choose from, students have main dining hall seats 500 on two levels. Students nce. Students choose from five meals plans with a late evening, options include Mondo Subs, Mar	xperiences that help them to develop resp tudy and day-to-day living Indeed, living e choices of single, doubles or triples in ea s, faculty and staff find made-to-order me additional options for meal equivalencies	onsibilities both to themselves on-campus is truly the ""other- ich room/unit Hodson Hall lals along with self-serve options Casual dining is located on the
	(Code ) (Expens	es \$ 1,718,820 including grants of	\$ ) (Revenue \$	2,353,800 )
	Washington College uses it facilities duri	ng summer months to facilitate educational exper from sciences, mathematics and hands on projec	riences for younger K-12 students These	students are given an opportunit
4d	Other program services (Descri (Expenses \$	be in Schedule O) including grants of \$	) (Revenue \$	)
 4е	Total program service expenses		7, 7	•

	Part TV	Check	list of	Peguired	Schedule
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			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)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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	Yes	
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, VII, 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? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
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		No
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		No
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 ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
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	21		No
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	
	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		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N o
	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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		No
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 $2 \cdot \cdot \cdot \cdot$	35b	Yes	
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)

•	•
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. 🔽	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b>   317			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	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 return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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	4a		
	account)?	40		No
D	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			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	20		
	Tries to fine 3a of 3b, and the organization merionin 5000 Tries.	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
L	organization solicit any contributions that were not tax deductible?			
D	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).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	<u> </u>			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
f	contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<b>/</b> 1		140
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	i	,	
	Form 1098-C?	7h	Yes	
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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		Νo
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
		- ما		
	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			
C	Enter the aggregate amount of reserves on hand 13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a		14.0
•				

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

Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body 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	3		No			
4	supervision of officers, directors or trustees, or key employees to a management company or other person? .  Did the organization make any significant changes to its governing documents since the prior Form 990 was			INO			
	filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	Yes				
6	Did the organization have members or stockholders?	6		No			
7a	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?						
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				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	venue Code.)	-		1			
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		No			
Ь	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					
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			
b	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							
10	Section 6104 requires an erganization to make its Form 1022 (or 1024 if applicable), 000, and 000 T (501/s)						

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. Check all that apply

- 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 ►
  PENELOPE FARLEY CONTROLLER
  515 WASHINGTON AVE
  Chestertown, MD 21620

## 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							ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(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)

	<b>(A)</b> Name and Title	(B) A verage hours per week (describe	Average Position (do not check more than one box, unless person is both week an officer and a director/trustee)						Repo compo fro organiz	(D) ortable ensation m the eation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F Estim amount o compen from organizat relat	ated of other sation the ion and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Hisey			
See A	dditional Data Table											+		
												$\top$		
												4		
												+		
												+		
1b	Sub-Total		tion A			•		<b>P</b>						
d d								<b>&gt;</b>		2,070,303		0		244,951
2	Total number of individuals (inc \$100,000 of reportable comper	_				ted	above	) who	receive	d more tha	in			
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc						mploy •			t compens	ated employee	3	<b>Yes</b> Yes	No
4	For any individual listed on line organization and related organization												Yes	
5	Did any person listed on line 1a	<u> </u>								No				
Section R. Independent Contractors														
Se	ction B. Independent Cor	ntractors											•	
Se 1	Complete this table for your five \$100,000 of compensation from or within the organization's tax	highest comper n the organizatio												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper n the organizatio	n Repo							r year end			(C Compe	
Roy K 1403	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	e highest comper n the organizatio year (A)	n Repo							r year end	(B) ription of services		Compe	
Roy K 1403 BALTII Luzon 222 T	Complete this table for your five \$100,000 of compensation from or within the organization's tax y Na Irby Sons Rome Rd MORE, MD 21227	e highest comper n the organizatio year (A)	n Repo						calenda	r year end Desc	(B) ription of services		Compe	nsation
Roy K 1403 BALTII Luzon 222 T SEWE Royal 1920	Complete this table for your five \$100,000 of compensation from or within the organization's tax your state of the compensation from Nation of the compensation from the compensation of t	e highest comper n the organizatio year (A)	n Repo						calenda	Desc Construction	(B) ription of services		Compe	nsation 1,091,684
Roy K 1403 BALTII Luzon 222 T SEWE Royal 1920 RICHN Ellucia 4375	Complete this table for your five \$100,000 of compensation from or within the organization's tax your five Nation's Stax your five Nation's Stax your five Nation's Nation's Stax your five Nation's Nati	e highest comper n the organizatio year (A)	n Repo						calenda	Desc Construction	(B) ription of services		Compe	1,762,543
Roy K 1403 BALTII Luzon 222 T SEWE Royal 1920 RICHN Ellucia 4375 FAIRF Sodex PO Bo	Complete this table for your five \$100,000 of compensation from or within the organization's tax your five sons Rome Rd MORE, MD 21227  Inches Rd LL, NJ 08080 I Company E Parham Rd 40ND, VA 23228 In Fair Lakes Court AX, VA 22033	e highest comper n the organizatio year (A)	n Repo						calenda	Desc Construction Remediation	(B) ription of services		Compe	1,762,543 468,916

Form 99		Statement o	of Pavanua					Page <b>9</b>
Part		Statement o	r kevenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts ots	1a	Federated camp	paigns 1a					
E Z	b	Membership du	es <b>1b</b>					
ું #	С	Fundraising eve	ents 1c					
<u>≅</u> ,≅	d		zations 1d					
ώE E	e	Government grants						
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	7,546,546				
္မ	h	Total. Add lines	s 1a-1f	🖊	10,225,801			
				Business Code				
enu	2a	TUITION AND FEES	5	900099	56,356,917	56,356,917		
æ	Ь	ROOM AND BOARD	·	900099	10,924,239	10,924,239		
<u> </u>	С	CONFERENCES & C	CATERING	532000	1,621,645	1,392,391	229,254	
Z.	d	AUXILIARY ENTERP	PRISES	900099	988,169	961,409	26,760	
Program Serwce Revenue	e							
Z 2	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a – 2f	<u></u> ▶	69,890,970			
	3	Investment inc	ome (including dividen	ds, interest				
		and other simila	aramounts)	▶	150,676		-474,520	625,196
	4		tment of tax-exempt bond		0			
	5	Royalties		<del> </del>	0			
	6-	C ==== =======	(ı) Real 74,128	(II) Personal				
	6a b	Gross rents Less rental	74,120					
	-	expenses Rental income	74,128					
	C	or (loss)						
	d	Net rental incor	me or (loss)		74,128			74,128
	7a	Gross amount	(1) Securities 33,282,507	(II) O ther 3,000				
	/a	from sales of assets other than inventory	33,202,301	3,000				
	b	Less cost or other basis and sales expenses	30,413,898	515,513				
	C	Gain or (loss)	2,868,609	-512,513				
	d	Net gain or (los		▶	2,356,096			2,356,096
Other Revenue	8a	Gross income fi events (not incl \$	luding					
ě		See Part IV, lin	reported on line 1c)					
<u>.</u>			а	77,606				
ţ	b		penses <b>b</b>	41,865	25 744			25.744
0	C		(loss) from fundraising	events 🟲	35,741			35,741
	9a	See Part IV, lin	rom gaming activities le 19					
			а					
	ь		penses <b>b</b>					
	С		loss) from gamıng actı) ا	vities	0			
	10a	Gross sales of returns and allo						
	b	Less cost of go	oods sold <b>b</b>					
	С	Net income or (	(loss) from sales of inve	entory ►	0			
		Miscellaneous	s Revenue	Business Code				
	11a	BOOKSTORE		900099	113,087			113,087
	b	ATHLETIC PRO	OGRAMS	900099	84,909			84,909
	С	GIS PROGRAM		900099	295,859			295,859
	d		ue		357,006			357,006
	е	Total. Add lines	s 11a-11d	🛌	850,861			
	12	Total revenue.	See Instructions .	▶	83,584,273	69,634,956	-218,506	3,942,022
							ı	Form <b>990</b> (2011)

## 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)

<u>c</u>	heck if Schedule O contains a response to any question in this Part IX			<u>l .</u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</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	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	22,042,997	22,042,997		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,672,448	536,035	850,126	286,287
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	24,000		24,000	
7	Other salaries and wages	22,552,268	19,903,634	1,660,799	987,835
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,271,810	1,040,143	160,952	70,715
9	Other employee benefits	3,938,898	2,522,839	1,286,836	129,223
10	Payroll taxes	1,681,602	1,468,986	135,045	77,571
11	Fees for services (non-employees)				· · · · · ·
a	Management	429,020	429,020		
ь	Legal	103,129	,	103,129	
c	Accounting	195,143		195,143	
d	Lobbying	5,113		5,113	
e	Professional fundraising See Part IV, line 17	0		3,113	_
f	Investment management fees	859,849	855,019	4,830	
g g	Other	2,145,087	1,769,415	243,976	131,696
12	Advertising and promotion	126,745	1,709,413	26,635	131,090
13	Office expenses	,	· ·	83,786	26 975
	·	462,337	341,676	63,766	36,875
14	Information technology	0			
15	Royalties	0	2 407 040	242.427	
16	Occupancy	3,772,687	3,487,960	242,497	42,230
17	Travel	2,267,242	1,582,116	605,984	79,142
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	95,058	62,369	32,689	
20	Interest	3,087,128	3,087,128		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,200,986	6,824,035	376,951	
23	Insurance	559,188		559,188	
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)				
а	REPAIRS & MAINT	1,436,897	1,105,153	331,744	
b	SUPPLIES	1,453,107	1,330,706	113,356	9,045
c	BOOKS & RESEARCH SUPPLIES	783,326	783,326		
d	PRINTING & PUBLICATIONS	363,556	193,111	111,099	59,346
e		·			<u> </u>
f	All other expenses	3,378,393	3,190,098	177,418	10,877
25	Total functional expenses. Add lines 1 through 24f	81,908,014	72,655,876	7,331,296	1,920,842
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	52,730,624	. 2,333,070	.,,,,,,,,,	2,720,012
					rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year ol 0 1 1 23,977,449 20.947.341 2 2 Savings and temporary cash investments . . . . . . . 3 1,559,633 505,815 727.222 900.034 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 1,100,117 1,367,875 7 8 0 504.241 718.651 9 9 Prepaid expenses and deferred charges . . . . . . 10a 215,501,512 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 66,020,140 b Less accumulated depreciation . . . . 145,954,085 **10c** 149,481,372 111,723,016 11 111,439,652 11 67,916,559 62,675,989 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 551,366 15 531,217 15 354,281,446 348,300,188 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 4,191,010 17 3,905,639 17 Accounts payable and accrued expenses . 18 924,954 18 924.954 19 1,658,561 19 1,597,423 20 62,100,000 20 60.405.669 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 ol 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 ol 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 6,571,626 25 13,124,256 D . . . . . 26 75,446,151 26 79,957,941 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 96,625,864 27 91,517,612 Unrestricted net assets . . . . 82,334,616 28 74,135,170 28 Temporarily restricted net assets . . . . . Fund 29 99,874,815 29 102,689,465 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 278.835.295 33 268.342.247 Total net assets or fund balances . . . . . 354.281,446 34 Total liabilities and net assets/fund balances . . . . . 34 348,300,188

Pa	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		83,5	584,27
2	Total expenses (must equal Part IX, column (A), line 25)	2			908,01
3	Revenue less expenses Subtract line 2 from line 1	3		1,6	576,259
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		278,8	35,29
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-12,1	169,30
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		268,3	342,24
Pai	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
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	
c	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		100	
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	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?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

#### OMB No 1545-0047

Inspection

### **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.

**Employer identification number** 

Name of the organization WASHINGTON COLLEGE 52-0591691

	rt 1			iblic Charity Sta						nstructions	5	
	organı —			te foundation becaus					ox)			
1	l –		-	ion of churches, or a			=	o)(1)(A)(ı).				
2	고			d in <b>section 170(b)(</b> 1				470(1)(4)	(4)(***)			
3	<u> </u>			perative hospital se						(4)(4)(***)		
4	ı			h organization opera ity, and state	tea in conjun	iction with a	nospitai des	cribea in <b>se</b>	CTION 17U(D)	(1)(A)(III). I	inter the	
5	Г	An orga	anızatıon op	erated for the benefi	t of a college	e or universi	ty owned or o	perated by	a governmen	ital unit desc	 cribed in	
		sect ion	170(b)(1)	( <b>A)(iv).</b> (Complete P	art II )							
6	Γ	A feder	ral, state, or	local government o	r governmen	tal unit desc	rıbed ın <b>sect</b> i	ion 170(b)(1	L)(A)(v).			
7	Γ	describ	oed in	at normally receives ( <b>A)(vi)</b> (Complete P		al part of its	support from	n a governme	ental unit or f	from the gen	eral public	
8	Г			described in <b>sectio</b>		<b>A)(vi)</b> (Cor	mplete Part I	I )				
9	i i			at normally receives					butions, mer	nbership fee	s, and gross	
		receipt	s from activ	rities related to its e	xempt functi	ons—subjec	t to certain e	exceptions, a	ind (2) no m	ore than 331	1/3% of	
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ess taxable ın	ncome (less	section 511	tax) from bu	usinesses	
		acquire	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )									
10	Γ	An orga	n organization organized and operated exclusively to test for public safety Seesection 509(a)(4).									
11	Γ	one or the box	more public	ganized and operate ly supported organiz ibes the type of supp <b>b</b> Type I	ations descr porting organ	ribed in sect li <u>za</u> tion and	ion 509(a)(1	) or section es 11e throu	509(a)(2) S gh 11h	ee <b>section</b> 5		
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons										
		other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or										
f		section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization,										
•			this box	received a written d	etermination	i ii oiii tiie I N	.5 that it is a	Type I, Typ	e II oi iype	III Supporti		
g				2006, has the organ	ızatıon accep	oted any gift	or contributi	ion from any	of the			
			ng persons?	rectly or indirectly o	ontrole auth	eralone ort	ogether with	nercone des	cribed in (ii)		Yes No	
				governing body of th			_	persons des	cribed iii (ii)		g(i)	
		•				_	4 2 1 3 1 1					
		(ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g(iii)										
h				ng information about							<u>. , , , , , , , , , , , , , , , , , , ,</u>	
						-						
<b>(i</b> Nam suppo organiz		e of <b>(ii)</b> (described on rted EIN lines 1-9 above			(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Frning	(v) Did you no organizat col (i) of suppoi	notify the Is the ation in of your col (i) organized An		(vii) A mount of support?		
				instructions))	Yes	No	Yes	No	Yes	No		
								1	1			
								ļ	ļ	1		
Tet-	.1							1	1			
Tota			i	i	I	1	1	1	1	1	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	
L	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

DLN: 93493130007103

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	organız	atıon
WASHIN	IGTON (	COLLEGE	

Employer identification number

52-0591691

Part I-A	Complete if t	the organization i	<u>is exempt under</u>	section 501(c)	or is a section 52	7 organization.

- in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

Part I-B	Comp	lete if	the or	ganization	is exem	pt under	section	501(	c)(3)	

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

#### Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

☐ Yes

Yes

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Scl	nedule C (Form 990 or 990-EZ) 2011						Page <b>2</b>
P	cert II-A Complete if the organization	ı is e	xempt under	section 501(d	c)(3) and file	d Form 5768	(election
	Check  under section 501(h)).  Figure 1 in the filing organization belongs to expenses, and share of excess lob. If the filing organization checked both sections in the filing organization checked by the filing organization checked both sections in the filing organization checked by the filing o	byıng e	expenditures)		_	p member's name	e, address, EIN,
	Limits on Lobbying   (The term "expenditures" means a	Exper	nditures			(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
La	Total lobbying expenditures to influence public	opinion	(grass roots lob	byıng)			1
b	Total lobbying expenditures to influence a legis	lative b	oody (direct lobby	ring)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	O ther exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1	.c and	1d)				
f	Lobbying nontaxable amount Enter the amount from the following table in both columns						
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,00	00,000				
_	Grassroots nontaxable amount (enter 25% of II	ne 1f)					
	Subtract line 1g from line 1a If zero or less, en						+
	Subtract line 1f from line 1c If zero or less, ent						+
	If there is an amount other than zero on either li section 4911 tax for this year?		or line 11, did the	organızatıon file l	L Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year A (Some organizations that made a columns below. See t	secti	on 501(h) ele		have to com		ne five
	Lobbying Exp	endit	ures During 4	1-Year Avera	ging Period	_	
	Calendar year (or fiscal year beginning in)		<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	(e) Total
2a	Lobbying non-taxable amount						
	Lobbying coiling amount						

Lobbying ceiling amount (150% of line 2a, column(e)) **c** Total lobbying expenditures Grassroots non-taxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2011

	,		- 3
Part II-B	Complete if the o	organization is exempt under section 501(c)(3) and has NOT filed Form 576	8
	(election under s	section 501(h)).	

		( (	a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		5,113
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			5,113
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Direct and Indirect Political Campaign Activities	,	Washington College lobbies through MICUA, a regional membership organization, which has allocated a portionof their dues as lobbying

111

DLN: 93493130007103

OMB No 1545-0047

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► 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 ► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

Open to Public Inspection

	me of the organization SHINGTON COLLEGE	•	Employer identification number
			52-0591691
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the	3	or advised <b>Yes No</b>
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for ar	ny other purpose Yes No
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat.  Preservation of open space  Complete lines 2a-2d if the organization held a qualice easement on the last day of the tax year.	on or pleasure)	certified historic structure
			Held at the End of the Year
а	Total number of conservation easements		<b>2a</b> 13
b	Total acreage restricted by conservation easements		<b>2b</b> 4 00
c	Number of conservation easements on a certified his	toric structure included in (a)	<b>2c</b> 8
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	<b>2d</b> 2
3	Number of conservation easements modified, transfe	، rred, released, extinguished, or terminate:	d by the organization during
	the taxable year 🕨		,
4 -	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		✓ Yes
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year ►2 00
7	A mount of expenses incurred in monitoring, inspectiness	ng, and enforcing conservation easements	s during the year
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial:	
Pai	rt IIII Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		·

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easures, or	<u>Othe</u>	<u>er Similar As</u>	<u>sets (</u>	(continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat are a sıgnıfı	cant u	ıse of its collec	ion	
а	Public exhibition		d	$\vdash$	Loan o	r exchange pro	grams	5		
b	Scholarly research		e	$\Gamma$	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	/ further	the organization	n's e	xempt purpose	n	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								┌ Yes	√ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	organız	ation answer		es" to Form 9	90,	<u>.</u>
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						sets		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able			1		
_							-	An	nount	
Q.	Beginning balance						1c			
d	Additions during the year						1d	<del> </del>		
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F		e 21?						│ Yes	☐ No
	If "Yes," explain the arrangement in Part XI\				1 1157					
Pa	rt V Endowment Funds. Complete	(a)Current Year		Were Prior Y		(c)Two Years Ba		<u>rt IV, IINE 10.</u> d)Three Years Back	(a)For	ır Vəars Back
1a	Beginning of year balance	174,317,714	(,		,950,408	141,540,	_	175,476,64		ii ieais back
b	Contributions	2,873,791		-	,107,912	1,417,		513,20		
c	Investment earnings or losses	-2,733,164			,243,852	15,758,	_	-27,365,60		
d	Grants or scholarships	, ,			, ,	· , ,		7,083,26	_	
e	Other expenditures for facilities and programs	7,061,494		6,	,984,458	6,766,	185	<u> </u>		
f	Administrative expenses	30,000								
q	End of year balance	167,366,847		174,	,317,714	151,950,	408	141,540,97	1	
2	Provide the estimated percentage of the year	rend balance held a	as		<u> </u>			<u> </u>		
a	Board designated or quasi-endowment	5 000 %								
b	Permanent endowment ► 34 000 %									
c 3a	Term endowment ► 61 000 %  Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held	and administer	ed for	the		
	organization by	oolon or and organiz				aa a			Ye	s No
	(i) unrelated organizations							3a	i)	No
	(ii) related organizations							3a(	ii)	No
b	If "Yes" to 3a(II), are the related organization	•						3	<b>)</b>	
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X,	, line 10	<u>).                                    </u>		T	1	
	Description of property				Cost or ot (Investm			(c) Accumulated depreciation	(d)	Book value
1a	Land					0 18,78	37,098			18,787,098
b	Buildings					0 171,1	56,124	53,680,90	7	117,475,217
c	Leasehold improvements									
d I	Equipment					0 20,52	29,736	12,339,23	3	8,190,503
e	Other					0 5,0	28,554	(		5,028,554
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)	), line	10(c).)				1	149,481,372
	·							Schedule I	) (Form	990) 2011

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other		
(A) HEDGE FUNDS	33,556,296	F
(D) DEAL ECTATE	20.000.052	_
(B) REAL ESTATE	29,088,952	F
(C) HODSON SCHOLARSHIP FOUNDATION	18,323	F
(D) LIMITED PARTNERSHIPS	12,418	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	62,675,989	
Part VIII Investments—Program Related. See		<u> </u>   13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lir	<u> </u> ne 15	
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability		
	(b) A mount	
Federal Income Taxes	0	
FUNDS HELD FOR OTHERS	328,368	
ANNUITIES PAYABLE	515,057	
INTEREST RATE SWAP	12,280,831	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	13,124,256	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	83,584,273
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	81,908,014
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,676,259
4	Net unrealized gains (losses) on investments	4	-5,559,888
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,609,419
9	Total adjustments (net) Add lines 4 - 8	9	-12,169,307
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-10,493,048
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	49,383,834
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-34,242,304
3	Subtract line <b>2e</b> from line <b>1</b>	3	83,626,138
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	-41,865
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	83,584,273
Part	<b>XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	59,876,882
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 41,865	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	41,865
3	Subtract line <b>2e</b> from line <b>1</b>	3	59,835,017
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	22,072,997
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	81,908,014
Pai	rt XIV Supplemental Information		

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

Identifier	Return Reference	Explanation
Conservation easements	Schedule D, Part II, Line 9	It has not reported easments in the f/s Two buildings were purchased and booked at cost - these have written easements on them Nine buildings fall within the Chestertown, Maryland historice district - which regulates their exterior appearance Eight of these buildings are deemed historical by the State of Maryland and exteriors must be approved for modifications Hynson Ringgold House includes the interior moldings
Description of Organization's Collections	Schedule D, Part III, Line 4	Washington College holds a significant place in the history of American higher education. Our heritage as the first College of the new nation lives today in our commitment to educating confident citizens and leaders capable of advancing the democratic and civic traditions of the Founding Fathers. The College has numerous works of art, music and history that are used or viewed daily in our commitment to education.
Intended Uses of Endowment Funds	Schedule D, Part V, Line 4	The Endowment Fund of WC is invested to provide an annual 5% (3 yr rolling average) return to be used for scholarships, building maintenance, program enhancements, chair salarey supplements, athletic support, books, and educational prizes
Supplemental Description - Other	Schedule D, Part XI, Line 8	Change in value of Split Interest Agreements \$ (8,792) Change in Fair Market Value of interest Rate Swap (6,600,627)
Supplemental Description - Other	Schedule D, Part XII, Line 2d	Change in value of Split Interest Agreements \$ (8,792) Change in Fair Market Value of interest Rate Swap (6,600,627) Uncollected Gifts (30,000) Grants, Scholarships and tuition discounts (22,042,997) Total \$ (28,682,416)
Supplemental Description - Other	Schedule D, Part XII, Line 4b	Reclass - Special Event Expenses \$41,865
Supplemental Description - Other	Schedule D, Part XIII, Line 2d	Reclass - Special Events Expense \$41,865
Supplemental Description - Other	Schedule D, Part XIII, Line 4b	Uncollected Gifts \$ 30,000 Grants, Scholarships and tuition discounts 22,042,997 Total \$ 22,072,997
Schedule D, Part X Fin 48 Footnote		Under provisions of the Internal Revenue Code Section 501(c) (3) and applicable income tax regulations of the State of Maryland, the College is exempt from taxes on income, other than unrelated business income. The College recognizes or derecognizes a tax position based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. The College does not believe its financial statements include any material uncertain tax positions.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130007103

OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶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** 

Name of the organization WASHINGTON COLLEGE

**Employer identification number** 

	52-0591691			
Pa	rtI		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	
	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			
	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		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
		$\exists$		
	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	N.o.
D	If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	i

#### 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
Publication of Racially Nondiscriminatory Policy	Schedule E, Part I, Line 3	THE RACIALLY NONDISCRIMINATORY POLICY IS PROVIDED IN THE STUDENT HANDBOOK, THE FACULTY HANDBOOK, THE STAFF HANDBOOK, the college catalog, and on the college's website
Government Assistance	Schedule E, Part I, Line 6a	THE COLLEGE RECEIVES ANNUAL GRANTS FROM FEDERAL, STATE AND LOCAL AGENCIES

Schedule E (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493130007103

OMB No 1545-0047

2011

Open to Public

# Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

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-EZ. See separate instructions.

			·		Allopeotion
Name of the organization WASHINGTON COLLEGE				Employer ide	ntification number
WASHINGTON COLLEGE				52-059169:	1
Part I Fundraising Ac	tivities. Complet	e if the organ	zation answered "Yes	" to Form 990, Part I\	
<ul> <li>Indicate whether the orga</li> <li>Mail solicitations</li> <li>Internet and e-mail so</li> <li>Phone solicitations</li> </ul>		through any of	the following activities C  e	on-government grants overnment grants	
<ul><li>d  In-person solicitation</li><li>2a Did the organization have</li></ul>		ement with any	individual (including offic	ers directors trustees	
or key employees listed in  b If "Yes," list the ten highe to be compensated at leas	st paid individuals or	entities (fundra	nisers) pursuant to agreer	nents under which the fu	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions Yes No	,	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Total	organization is regis	stered or license	ed to solicit funds or has	been notified it is exemp	t from registration or
	organization is regis	sterea or licens	e to solicit funds or has	Deen notified it is exemp	t from registr

Pai	t II	Fundraising Events. Commore than \$15,000 on Form				
		, , , , , , , , , , , , , , , , , , , ,	(a) Event #1  Fruit Sale (event type)	(b) Event #2  Annual Golfing (event type)	(c) Other Events  24 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 2	Gross receipts  Less Charitable contributions	29,733	8,151	39,722	77,606
ш.	3	Gross income (line 1 minus line 2)	29,733	8,151	39,722	77,606
	4	Cash prizes			3,016	3,016
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs		6,329	1,365	7,694
	7	Food and beverages		268	1,958	2,226
D D L G	8	Entertainment				
ឨ	9	Other direct expenses .	25,514	1	3,415	28,929
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n(d)	•	(41,865
	11	Net income summary Combine li	nes 3 and 10 ın column (	d)		35,741
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	irt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
E D D	5	Other direct expenses				
	6	Volunteer labor	∀es       No	┌ Yes	┌ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column (	(d)		(
	8	Net gaming income summary Com	bine lines 1 and 7 in coli	ımn (d)	<u> ► </u>	
9 a b	Is th	er the state(s) in which the organizate organization licensed to operate No," Explain	gaming activities in eac	h of these states?		
		e any of the organization's gaming of the organization's gaming of the control of	licenses revoked, suspei	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I

(Form 990)

Department of the Treasury

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

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

OMB No 1545-0047

DLN: 93493130007103

**Inspection** 

Internal Revenue Service Name of the organization Employer identification number WASHINGTON COLLEGE 52-0591691 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) 

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) Employee Waivers	87	1,131,540			
(2) Grants and Scholarships	1285	20,911,457			

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 Use of Grant Funds Inside US	Schedule I, Part I, Line 2	Washington College awarded \$22,042,997 in scholarships for 6/30/12 Washington College offers several types of financial aid to help qualified full-time undergraduate students meet their college expenses. College-sponsored tuition scholarships, tuition grants, work/study, and low-interest loans are available to full-time undergraduate students who demonstrate financial need and who meet the College's admission criteria. In addition to College-sponsored financial aid, eligible students can receive assistance from federal, state, and independent aid programs. Grant and scholarship assistance from all sources is first applied to full-time tuition charges. Grant and scholarship assistance in excess of tuition is then applied to direct college charges for fees, and on campus room and board. The Federal Government makes FFELP funds available to undergraduate students to attend post-secondary institutions. Eligibility is based on financial need, and application is through the normal financial aid application process of Washington College.

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DLN: 93493130007103

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	the	orga	niza	tior
WASHIN	<b>NGT</b>	ON C	OLLE	GE	

**Employer identification number** 

52-0591691

Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p					
	First-class or charter travel		Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
		<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	굣	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organic reimbursement orprovision of all the expenses described			1b	Yes	
2	Did the organization require substantiation prior to reimbofficers, directors, trustees, and the CEO/Executive Directors			2	Yes	
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director Check all that a					
	▼ Compensation committee		Written employment contract			
		<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payr	men	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplemental	non	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based	l co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide	e th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must co	omį	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6?			7		No
8	Were any amounts reported in Form 990, Part VII, paid					
	subject to the initial contract exception described in Reg in Part III	ys :	section 53 4958-4(a)(3)/IT "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow the reb	111+	able presumption procedure described in Regulations	ا ا		110
-	section 53 4958-6(c)?		12.1 p. 22 amption procedure described in Negarations	9		

#### 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	(D) Nontaxable	(E) Total of columns	(F) Compensation	
. ,		(i) Base compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Mitchell B Reiss	(ı) (ıı)	316,404 0	0	10,729 0	23,734 0	12,317 0	363,184 0		
(2) James V Manaro	(I) (II)	225,960 0	0	16,832 0	17,471 0	10,829	271,092 0		
(3) Chris Ames	(ı) (ıı)	182,112 0	0	7,338 0	10,132 0	10,331	209,913		
(4) Lynn B Tipson	(ı) (ıı)	0	0	159,072 0	11,796 0	6,134 0	177,002 0		
(5) John L Seidel	(ı) (ıı)	129,894 0	0	4,343 0	9,782 0	9,965 0	153,984 0		
(6) Billie S Dodge	(I) (II)	128,116	0	4,120	9,821	8,118	150,175		
(7) Kevin L Coveney	(I) (II)	129,067	0	4,338	9,723	8,057	151,185		

#### 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
Compensation Information		Line 1A - Travel for Companions The College Reimbures reasonable and necessary business travel expenses for the spouse of the president when accompanying the president on offical college business. Line 1A - Tax Indemnification and Gross-ups payments. Certain Officers of Washington College receive minor tax gross-up payments. LINE 1A - Housing Allowance or Residence The President of Washington College is provided housing as a condition of his employment. A house is provided on campus for the convenience of the College to enable the President to respond to emergent situations 24/7. LINE 1A - Health or Social Club Dues. The President of Washington College is reimbursed the cost of social club dues. To the extent that the President uses the club for personal purposes, the value of the benefit is included in his/her taxable income. Line 1A - Personal Services. The President of the College received nominal housekeeping and chauffer services.
Severence	Schedule J, Part I. Line 4	The following individual received severance payments in calendar year 2012 Lynn B Tipson \$152,333 These amounts are reported in Schedule J, Part II,

Schedule J (Form 990) 2011

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

OMB No 1545-0047

DLN: 93493130007103

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

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

Name of the organization WASHINGTON COLLEGE Employer identification number

**^	SHINGTON COLLEGE									5	2-059	1691					
P	art I Bond Issues																
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	(e) Issue Prid	:e	(f) Description of Purpose		<b>f)</b> Description of Purpose		escription of Purpose (§		feased	Beh	On alf of suer		Pool incing
										Yes	No	Yes	No	Yes	No		
A	TOWN OF CHESTERTOWN MARYLAND	52-6000783		10-29-2009	30,000,0	00 R	REFUND	D 2008 BC	ND		×	х			×		
В	TOWN OF CHESTERTOWN MARYLAND	52-6000783		09-17-2010	30,000,0	00 R	REFUNC	D 2008 BC	ND		Х	×			х		
Pa	art II Proceeds										I	<u> </u>					
					А			E	3		С			D			
1	A mount of bonds retired				2	,685,0	,000		0				<u> </u>				
2	A mount of bonds defeased						0		0				<del>  </del>				
3	Total proceeds of issue				30	,000,	0,000 30,000,000										
4	Gross proceeds in reserve fur					0 0											
5	Capitalized interest from proc				1	1,069,409 1,069,409		1,069,409									
6	Proceeds in refunding escrow	1				0 0											
7	Issuance costs from proceed:	S				302,	02,240 302,240		302,240								
8	Credit enhancement from prod	ceeds					0 0		0								
9	Working capital expenditures	from proceeds				0 0		0									
10	Capital expenditures from pro	ceeds			22	,635,	,709	2	22,635,709	,							
11	O ther spent proceeds				5	,992,6	,642		5,992,642	2							
12	O ther unspent proceeds						0		0								
13	Year of substantial completion	n			2010	)		20	10								
					Yes	No		Yes	No	Yes		No	Yes	<u>;                                    </u>	No		
14	Were the bonds issued as par	t of a current refundir	ng issue?		X			Х									
15	Were the bonds issued as par	Were the bonds issued as part of an advance refunding issue?			Χ			х									
16	Has the final allocation of proceeds been made?		Х			Х											
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			x			Х										
Pa	rt IIII Private Business U	Jse									•		<del></del>				
					A		$-\!\!\!\!+\!\!\!\!\!-$	В			Ç			D			
					Yes	No		Yes	No	Yes		No	Yes	;	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

SCILE	dule K (Form 990) 2011								Page 🗷
Par	Private Business Use (Continued)								_
			Α		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	Х		Х					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	Х		Х					
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		•		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the	Х		Х					

**Arbitrage** 

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		Х		Х				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	х		×					
	Name of provider	RBC I		RBC		1			
С	Term of hedge		30		30				
d	Was the hedge superintegrated?		х		х				
e	Was a hedge terminated?		х		Х				
4a	Were gross proceeds invested in a GIC?		Х		Х				
b	Name of provider	0		0					
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		Х				
6	Did the bond issue qualify for an exception to rebate?	х		х					

#### Part V **Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

#### Part VI **Supplemental Information**

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

**Identifier Return Reference Explanation**  efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493130007103

Schedule L

(Form 990 or 990-EZ)

**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.

OMB No 1545-0047

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number WASHINGTON COLLEGE Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)Original default? by board or (d)Balance due agreement? organization? principal amount purpose committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

Part IV	Business	Transactions	Involvina	Interested	Persons
	D45111055	a a c	<b></b>	Tiller Colcu	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the	between interested (c) A mount of (d) Description of transact		(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) Elisabeth Reiss	Presidents wife	24,000	Payroll		Νo

### Part V Supplemental Information

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

Identifier	Return Reference	Explanation
	Interested Persons	Elisabeth Reis is the President's wife and receives a nominal pay for dedicated work to WC and to President while they are traveling together on occasion

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493130007103

OMB No 1545-0047

**NonCash Contributions** 

Department of the Treasury Internal Revenue Service

Name of the organization WASHINGTON COLLEGE

**SCHEDULE M** 

(Form 990)

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

Open to Public Inspection **Employer identification number** 

					52-0591691			
Ρē	rt I Types of Property	1		I	T			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	( <b>d</b> Method of d contribution	- etermı	_	
	Art—Works of art							
	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications	X		289,981	FMV			
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes	Х	1	26,107	FMV			
	Intellectual property							
9	Securities—Publicly traded .	X	37	805,480	FMV			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	4	2,911	FMV			
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Boat Slip							
	Other ► ( Rental )	X	1	· · · · · · · · · · · · · · · · · · ·				
26	Other ► ( Landscaping )	X	1	2,138	FMV 			
27	Annual Other ► ( <u>Software Use</u> )	×	1	2,000	EM\/			
2 <i>1</i> 28	Other ► (Supplies )	X	2		FMV			
20 29	Number of Forms 8283 received							
23	for which the organization compl				29			1
	-						Yes	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangeme							
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	<u> </u>
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	non-cash	32a	<u>Y</u> es	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Schedule M, Part I, Line 32a		To the extent that washington college receives donations of securities, various third party brokers are tasked with selling those securities

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493130007103

SCHEDULE O (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.

2011
Open to Public Inspection

Name of the organization WASHINGTON COLLEGE	Employer identifi	cation number
	52-0591691	

Identifier	Return Reference	Explanation
Significant Diversion of Assets	Form 990, Part VI, Line 5	During the year the College discovered a misappropriation of assets of approximately \$256,697. The employee involved in the misappropriation was terminated and indicted and the College is seeking restitution on the full amount.

ldentifier	Return Reference	Explanation
Written Policies for Chapters, Branches, or Affiliates	Form 990, Part VI, Line 10b	Washington College currently has ten active Alumni Chapters operating throughout the U.S. and actively seeks new geographic areas of interest. These Chapters are organized and supported by the Alumni Relations and Annual Giving Office staff in order to strengthen connections between alumni and with the College. Alumni Chapters have at least one annual gathering facilitated by volunteers and staff which is typically funded by the College's operating budget. Additionally, Chapters may choose to partake in fundraising that benefits the College's mission and supports its approved priorities. All fundraising efforts flow through the Office of College Advancement.

ldentifier	Return Reference	Explanation
Form 990 Review Process	Form 990, Part VI, Line 11b	Management reviews the draft of the 990 for accuracy and reconciliation to the audited financial statements Once this review is final, a draft copy of the 990 is provided to the Chairman of the Board and the Audit Committee Chairman for review and comments for a 7 day period. A copy of the draft Form 990 is also circulated to the full Board of Trustees for discussion and comment. Each Board Member is provided ample opportunity to comment on the information contained in the 990. After approval of the 990, the tax preparer is notified to finalize the return for filing. A final 990 presentation summary is presented to all the Board members.

ldentifier	Return Reference	Explanation
Conflict of Interest Policy Monitoring & Enforcement	Form 990, Part VI, Line 12c	All Covered Persons shall disclose in writing any possible conflict of interest with regard to a proposed transaction or arrangement, as well as all material facts related thereto, to the Board and to the appropriate Board committee, if any, at the earliest practical time. After a possible conflict of interest has been disclosed, the Board or committee shall discuss and, if necessary, investigate alternatives to the proposed transaction or arrangement. Ultimately, the Board or committee shall determine whether the College can obtain a more advantageous transaction or arrangement with reasonable efforts from a person that would not give rise to a conflict of interest and, if such alternative transaction or arrangement is not feasible, whether the proposed transaction or arrangement is in the College's best interest and will not compromise or have the appearance of compromising the College's academic and fiscal integrity. The interested person shall refrain from participating in the discussion concerning (and from voting on) the issue that presents the conflict of interest or the appearance of a conflict of interest, and may be asked to leave the meeting during discussion of and/or the vote on the issue.

ldentifier	Return Reference	Explanation
Process for Determining Compensation	Form 990, Part VI, Lines 15a and 15b	Since the 1980's, Washington College has pursued a Board-authorized aspiration to compensate faculty, on average, at the all-ranks average of institutions with a Carnegie classification of IIB (private, independent) in 2012 the Board revised the goal to compensate faculty on a rank by rank average of private independent Colleges. A similar standard for staff was developed in 2007 in partnership with Watson Wyatt. Also in 2012, the College partnered with Sibson to conduct a market salary analysis of all staff positions. As a result we have adopted and implemented a revised market based staff salary structure which has 15 pay levels and applies to both exempt and non exempt staff. Washington College has revised it compensation philosophy to read as follows. Washington College provides employees with a total compensation package, comprised of both salary and benefits, that recognizes and rewards performance and productivity while maintaining a competitive market position and internal equity. In support of the College's mission we endeavor to provide a level of compensation, both cash and benefits, to attract, motivate and retain the quality of workforce necessary for the achievement of the College's goals. The compensation program shall be consistent, responsive, transparent, and equitable. The College is committed to a meritocracy. Our performance management program is designed to increase the personal and professional effectiveness of our staff including providing staff with clear performance expectations and developmental opportunities. We provide leaders with the tools and training to enable them to build effective teams and lead successfully including coaching performance and making sound compensation decisions. The philosophy is accomplished by maintaining accurate job descriptions on all positions and benchmarking jobs against comparable positions in the market. Market data is developed from national data bases, CUPA-HR surveys and local market surveys. Decisions regarding compensation programs and individu

ldentifier	Return Reference	Explanation
How Documents are Made Available to the Public		The organization's financial statements, governing documents and conflict of interest policy are made available to the public upon written request

ldentifier	Return Reference	Explanation
Form 990, Part IX, Line 5 Change in Net Assets		Net unrealized Loss on investments \$(5,559,888) Change in value of split interest agreements (8,792) Change in fair value of interest swap (6,600,627) Total \$(12,169,307)

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

DLN: 93493130007103

OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

**1** 20

**Employer identification number** 

52-0591691

ZU

Schedule R (Form 990) 2011

Open to Public Inspection

(Form 990)

Name of the organization WASHINGTON COLLEGE

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

Department of the Treasury
Internal Revenue Service

Attach to Form 990. See separate instructions.

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Part I (c) (d) (a) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity (1) WC WATER LLC 300 WASHINGTON ST WC 6,549,371 REAL ESTATE MD CHESTERTOWN, MD 21620 27-0886807 (2) CHESTERTOWN RESIDENTIAL LLC 300 WASHINGTON ST WC **REAL ESTATE** MD 0 12,400,000 CHESTERTOWN, MD 21620 26-4539355 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) (g) Section 512(b)(13) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Primary activity Exempt Code section controlled or foreign country) (if section 501(c)(3)) entity organization Yes No

Cat No 50135Y

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 Disprop allocat	rtionate	(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

chedule R (Form 990) 2011				Рa	ige <b>3</b>
Part V Transactions With Related Organizations (Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 34, 35, 3	5A, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related	ed organizations listed in Par	ts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b		No
c Gift, grant, or capital contribution from related organization(s)			10		No
<b>d</b> Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e	:	No
f Sale of assets to related organization(s)			<b>1</b> f		No
g Purchase of assets from related organization(s)			<b>1</b> g	Yes	
h Exchange of assets with related organization(s)			1h	1	No
i Lease of facilities, equipment, or other assets to related organization(s)			11		No
j Lease of facilities, equipment, or other assets from related organization(s)			<b>1</b> j		No
k Performance of services or membership or fundraising solicitations for related organization(s)			1k		No
I Performance of services or membership or fundraising solicitations by related organization(s)			11		No
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	n	No
n Sharing of paid employees with related organization(s)			1n	1	No
• Reimbursement paid to related organization(s) for expenses			10	•	No
<b>p</b> Reimbursement paid by related organization(s) for expenses			1p		No
<b>q</b> Other transfer of cash or property to related organization(s)			19	1	No
r Other transfer of cash or property from related organization(s)			1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including covered rela	tionships and transact	ion thresholds		
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determ Involve		ount
1) CHESTERTOWN RESIDENTIAL LLC	g	1,000,000	PURCHASE		

(a) Name of other organization	(b) Transaction type(a-r)	<b>(c)</b> Amount involved	( <b>a</b> ) Method of determining amount involved
(1) CHESTERTOWN RESIDENTIAL LLC	g	1,000,000	PURCHASE
(2)			
(3)			
(4)			
(5)			
(6)			

### 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)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) 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

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DLN: 93493130007103

OMB No 1545-0172

Form **4562** 

**Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)	•	See separate instruction	s. 🕨 Attach	to your	tax re	et urn.		Attachment Sequence No <b>179</b>
Name(s) shown on return WASHINGTON COLLEGE		Business	or activity to w	hich th	ıs forr	n relates	I	lentifying number
WASHINGTON COLLEGE	-	GENERA	L DEPRECIATI	ON			5	2-0591691
	•	Certain Property Ur					•	
		sted property, comple	ete Part V befo	ore yo	u con	nplete Part I.		Т
1 Maximum amount (se	e instructions)				•		1	\$ 500,000
2 Total cost of section :	179 property plac	ced in service (see instru	ictions) .		•		2	
<b>3</b> Threshold cost of sec	tion 179 property	before reduction in limit	tation (see instr	uctions	) .		3	\$ 2,000,000
<b>4</b> Reduction in limitation	n Subtract line 3	from line 2 If zero or les	s, enter-0-				4	
<b>5</b> Dollar limitation for ta	x year Subtract	line 4 from line 1 If zero	or less, enter -0	0- Ifm	arrıed	filing		
separately, see ınstru	ictions						5	
								Г
6 (a)	Description of pr	operty	<b>(b)</b> Cost (bu		use	(c) Elected c	ost	
			on	іу)				
<b>7</b> Listed property Enter	the amount from	line 29			7			
		erty Add amounts in col	umn (c) lines 6	• and 7		1	8	
		•	ullili (c), lilles 6	allu /	•			
9 Tentative deduction 1				•			. 9	
10 Carryover of disallowe					•		10	
<b>11</b> Business income limitation							11	
<b>12</b> Section 179 expense		•		n line 1	<u> </u>		12	
13 Carryover of disallower		<u> </u>		<u>.•</u>	13			
Note: Do not use Part								
		Allowance and Othe						y <b>)</b> (See instructions ) I
14 Special depreciation a tax year (see instruct		lified property (other thai	n listed property	) place	d in se	ervice during the	14	
, ,	•	Nation					15	
15 Property subject to se		election		• •	•			
16 O ther depreciation (in Part IIII MACRS De		Oo not include listed	nroporty \ (Co	· · ·	ructio		16	
Part III MACKS De	epreciation (i		ection A	e ilisti	uctio	1115.)		
17 MACRS deductions fo	r assets placed i			011			17	279
18 If you are electing	•	•			ır ınta	one or more		
general asset acco			_			<b>.</b> ►		
	·	Service During 20					recia	tion System
		(c) Basıs for						•
(a) Classification of	(b) Month and	· '	(d) Recovery					(g)Depreciation
property	year placed in service	(business/investment use	period	(e) C	nven	tion <b>(f)</b> Meth	od	deduction
	Service	only—see instructions)						
<b>19a</b> 3-year property		,						
<b>b</b> 5-year property								
<b>c</b> 7-year property								
<b>d</b> 10-year property								
<b>e</b> 15-year property								
<b>f</b> 20-year property								
<b>g</b> 25-year property			25 yrs			S/L		
<b>h</b> Residential rental			27 5 yrs	l N	1 M	S/L		
property			27 5 yrs	1	1 M	S/L		
i Nonresidential real			39 yrs	+	1 M	S/L		
property			1 - 11 - 11 -		1 M	S/L		
	on C—Assets Plac	ced in Service During 201	1 lax Year Using	g tne A	ıterna		n Syste	епт
<b>20a</b> Class life <b>b</b> 12-year	$\dashv$		12 yrs			S/L S/L		
c 40-year	1		40 yrs	<del>  ,</del>	<u>им</u>	S/L		
	ry (see instruc	tions)	10 913	<u>'</u>	(1)			
21 Listed property Enter		-					21	
22 Total. Add amounts fr	om line 12, lines	14 through 17, lines 19						2
		urn Partnerships and S			uction	ns	22	279
23 For assets shown abo	•		nt year, enter the	e	23			
portion of the basis at	tributable to sect	LION ZOJA COSTS .				I		

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Section A and of Section B, and Section C if applicable.  Section A Depreciation and Other Information (Countries for passenger automobiles).  24a De you have evidence to support the business/evestment lac claimed? Two Who			vehicle for 24a. 24b. c														ole.
Type of pippetry (let is bised in several passes in several passes in the pipe of the pipe																	
Type of peoplety filed by the perfectings of the people of	<b>24a</b> Do you have evider	nce to support	the business/in	vestment u	ise claimed	d? ┌ Yes	IV No			24b	If "Yes,"	is the ev	/ idence	written?	Гүе	ᄝᅜ	,
25 Property used more than 50 % in a qualified business use	Type of property (list	Date placed in	Business/ investment use	Cost o	r other	(busines	deprecia s/investr		Recov	ery	Method		Deprec	ation/		Elected section 1	
27 Property used more than 50% in a qualified business use    Social Section   Social Secti		•		erty placed	ın service o	during the	tax year	and u	sed m	ore t							
27 Property used 50% or less in a qualified business use				husiness	IISE						2	<u>,                                    </u>					
27 Property used 50% or less in a qualified business use    School   School	20 Troperty ascamor	L criair 50 %		business	- 450										$\top$		
27 Property used 50% or less in a qualified business use    St.   St.																	
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1  29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1  29 Section B—Tinformation on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "innore than 5% owner," or related person  If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year Add lines 30  13 Total page the vehicle available for personal use  42 We whicle 3  43 Was the vehicle available for personal use  44 We which with the vehicle available for personal use?  45 No Yes No	27 Property used 50%	h or less in a		cinace lie	Α	<u> </u>									—		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1	27 FToperty used 50 7		%	siliess us	-					S,	/L -				$\top$		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  29 Add amounts in column (l), line 26 Enter here and on line 7, page 1  Section B—Information on Use of Vehicles  Section F—Information on Use of Vehicles  Section F—Information on Use of Vehicles  Section F—Information on Use of Vehicles  To you provide whicks to your employees, tist amover the questions in Section (a see fly our meet an exception to completing this section for those vehicles  30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year  32 Total other personal (noncommuting) miles driven through 32  34 Was the vehicle available for personal use during the year Add lines 30 through 32  35 Was the vehicle available for personal use  40 We hicle 1  40 We hicle 1  40 We hicle 2  40 We hicle 3  40 We hicle 3  40 We hicle 4  40 We hicle 5  40 We hicle 5  40 We hicle 6  40 We hicle 7  40 We hicle 8  40 We hicle 8  40 We hicle 9  40 We hic															]		
Section B—Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or or other "more than 5% owner," or related person if you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. If you provided vehicles to your employees, girst answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. If you provided vehicles to your employees, girst answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. If you meet an exception to completing the section for those vehicles of the year (do not include commuting miles).  30 Total business/investment miles driven during the year.  31 Total commuting miles driven during the year.  32 Total other personal (noncommuting) miles driven during the year Add lines 30 through 32.  34 Was the vehicle used primarily by a more than 5% owner or related person?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees?  48 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Amortization for this y	20 4 11	- 1 (1- ) 1	, ,		t l		21 .			S,					—		
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person if you provided vehicles to your employees, this answer the questions in Section C to see dryou meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (do not include commuting miles)  11 Total commuting miles driven during the year  32 Total other personal (noncommuting) miles driven  33 Total miles driven during the year Add lines 30 through 32.  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle available for personal use?  45 We have the vehicle available for personal use?  46 No Yes No Y							ne 21,	page	1	•	28		20		Ш_		
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person if you provided vehicles to your employee, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles in your development of the provided vehicles of the vehicles of the provided vehicles of t	29 Add amounts in C	olullili (1), illi					on U	se o	of Ve	hic	les:						
30 Total business/investment miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year  32 Total other personal (noncommuting) miles driven during the year Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owners or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization begins  42 Amortization of costs that begins during your 2011 tax year (see instructions)	Complete this section	for vehicles	used by a s	ole propri	etor, part	ner, or o	ther "m	nore t	han	5%	owner,"	or relat	ed per	son			
31 Total commuting miles driven during the year (do not include commuting miles)  31 Total commuting miles driven during the year  32 Total other personal (noncommuting) miles driven  33 Total miles driven during the year Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you treat all use of vehicles by employees as personal use?  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (b)  Date amount  (c) Amortization begins  (d) Amortization period or percentage  Amortization of costs that begins during your 2011 tax year (see instructions)	If you provided vehicles to	your employee	es, first answer	the questio					n exce						-		<u></u>
32 Total other personal (noncommuting) miles driven  33 Total miles driven during the year Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Date amortization for this year  42 Amortization of costs that begins during your 2011 tax year (see instructions)	•			ring the			-	-		_	-		-		-		
33 Total miles driven during the year Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you by treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a)  Date amortization for this year  42 Amortization of costs that begins during your 2011 tax year (see instructions)	<b>31</b> Total commuting	mıles drıven	during the ye	ear .													
34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (a) Date amortization begins  42 Amortization of costs that begins during your 2011 tax year (see instructions)	<b>32</b> Total other person	nal(noncomn	nuting) miles	drıven													
34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (b)  Date amortization begins  (c)  Amortizable amortization period or percentage  42 Amortization of costs that begins during your 2011 tax year (see instructions)		during the y	ear Add line	s 30													
during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (b)  Code  Amortization period or this year	_					T		Τ	+.		Τ	<del> </del>	Τ		T		Τ
35 Was the vehicle used primarily by a more than 5% owner or related person?			ersonai use		Yes	No	Yes	No	<del>                                     </del>	es	No	Yes	No	Yes	No	Yes	No
Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (b)  Date amount  (c) Amortizable amount  Amortization begins  (f) Amortization for this year  42 Amortization of costs that begins during your 2011 tax year (see instructions)	<b>35</b> Was the vehicle u	sed primarily	· · · · · / by a more t	• • han 5%							1						
Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI Amortization  (b)  Description of costs  (c)  Amortizable amortization begins  Amortization for this year  42 Amortization of costs that begins during your 2011 tax year (see instructions)	•		r norconal u						-		-	-			┢		-
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37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?	Answer these questio	ns to determ	ine if you me	et an exc												not mo	re thai
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	37 Do you maintain a	<u> </u>		_	nibits all i	personal	use of	vehic	cles,	ınclı	udıng co	mmutır	ng, by y	our.	Y	es	No
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<b>38</b> Do you maintain a	written polic	y statement	that prof	nibits per	sonal us	e of vel	hicles	s, ex	cept	commu	ting, by	your				
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?							ers, dire	ector	s, or	1%	or more	owners					
vehicles, and retain the information received?							•		•	•	•		•				
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles  Part VI					oyees, ol	btaın ınfo	rmatio •	n fror •     •	n yol •	ır en •	nployees •	about •••	the us	e of the	<u> </u>		
Part VI Amortization  (a)	<b>41</b> Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n use	e? (S	ee ır	nstructio	ns)					
(a) Date Amortization begins (c) Amortizable amount Section (d) Code section period or percentage (f) Amortization period or percentage (f) Amortization for this year	<b>Note:</b> If your ansv	ver to 37, 38	, 39, 40, or 4	l1 ıs "Ye	s," do not	t comple	te Sect	ion B	fort	he c	overed	vehicle	s				
Description of costs  Date amortization begins  Description of costs that begins during your 2011 tax year (see instructions)  Amortization period or percentage  42 Amortization of costs that begins during your 2011 tax year (see instructions)	Part VI Amo	rtization															
42 A mortization of costs that begins during your 2011 tax year (see instructions)	(a)										-	-		Λmo		on for	
42 A mortization of costs that begins during your 2011 tax year (see instructions)	Description of c	costs		n													
	42 A mortization of co	osts that beg		ur 2011	tax year	(see ins	truction	ns)									

**44 Total.** Add amounts in column (f) See the instructions for where to report . . .

Software ID: Software Version:

**EIN:** 52-0591691

Name: WASHINGTON COLLEGE

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

Compensated Employees, and Independent Contractors  (A) (B) (C) (D) (E) (F)													
<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a	che	/)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	week	Individual trustee 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			
Edward P Nordberg Chairman	10	x		Х				0	0	0			
H Lawrence Culp Jr Vice Chairman	1 0	Х		Х				0	0	0			
Nina Rodale Houghton Secretary	1 0	Х		Х				0	0	0			
Geoffrey M Rogers Sr Treasurer	1 0	Х		Х				0	0	0			
Patrick William Allender Member	1 0	Х						0	0	0			
Norris W Commodore Jr Member	1 0	Х						0	0	0			
Rıchard L Creighton Member	1 0	Х						0	0	0			
Thomas C Crouse Jr Member	1 0	Х						0	0	0			
Peter D Davenport Member	1 0	Х						0	0	0			
Regis de Ramel Member	1 0	Х						0	0	0			
Murray Drabkın Member	1 0	Х						0	0	0			
John G Eckenrode Member	1 0	Х						0	0	0			
Thomas H Gale Member	1 0	Х						0	0	0			
Stephen T Golding Member	1 0	Х						0	0	0			
Richard B Grieves Member	1 0	Х						0	0	0			
Mıchael Holtzman Member	1 0	Х						0	0	0			
Margaret Goldstein Janney Member	1 0	Х						0	0	0			
Benjamin H Johnson Member	1 0	Х						0	0	0			
Beth Kahn Leaman Member	1 0	Х						0	0	0			
Thomas H Maddux Member	1 0	Х						0	0	0			
Dessie M Moxley Member	1 0	Х						0	0	0			
Mitchell B Reiss PRESIDENT	55 0	Х		Х				327,133	0	36,051			
Rebecca W Rımel Member	1 0	Х						0	0	0			
Dr Henry F Sears Member	1 0	Х						0	0	0			
Alfred P Shockley Member	1 0	х						0	0	0			

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

Compensated Employees, and	Compensated Employees, and Independent Contractors													
(A) Name and Title	(B) Average hours per		tion that a		/)			( <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				
Ralph Snyderman Member	1 0	Х						0	0	0				
Daryl L Swanstrom Member	1 0	Х						0	0	0				
John H Timken Member	1 0	Х						0	0	0				
Donald C Tomasso Member	1 0	Х						0	0	0				
Deborah Moxley Turner Member	1 0	Х						0	0	0				
Peter Van Dyke Member	1 0	Х						0	0	0				
Matthew T Weir Member	1 0	Х						0	0	0				
John R Whitmore Member	1 0	Х						0	0	0				
Albert JA Young Member	1 0	Х						0	0	0				
James V Manaro Sr VP Finance & Administration	55 0				х			242,792	0	28,300				
Mela Dutka VP & Dean of Student Affairs	55 0				х			131,867	0	17,182				
Billie S Dodge Chief Information Officer	55 0				х			132,236		17,939				
Kevin L Coveney VP Admissions	55 0				х			133,405		17,780				
Joseph L Holt Chief of Staff	55 0				х			127,245	0	17,578				
John L Seidel Director of Enviro Studies	55 0					Х		134,237	0	19,747				
Richard L Gillin Professor of English	55 0					Х		129,589	0	9,806				
George J Spilich Professor of Psychology	55 0					Х		121,676		18,374				
DONALD A MUNSON PROFESSOR OF BIOLOGY	55 0					Х		121,401	0	12,891				
PENELOPE L FARLEY CONTROLLER	55 0					Х		120,200	0	10,910				
Chris Ames Former Provost/Current Prf	55 0						х	189,450	0	20,463				
Lynn B Tipson Former President	0 0						Х	159,072	0	17,930				