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### OMB No 1545-0047 2015

Open to Public

# 990

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

> ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

Return of Organization Exempt From Income Tax

Inspection For the 2015 calendar year, or tax year beginning 07-01-2015 and ending 06-30-2016 C Name of organization WASHINGTON & JEFFERSON COLLEGE D Employer identification number B Check if applicable Address change 25-0965601 Name change Doing business as Initial return -Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite retum/terminated 60 S LINCOLN STREET (724) 223-6009 Amended return City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, PA 15301 Application pending G Gross receipts \$ 172,976,059 Name and address of principal officer H(a) Is this a group return for DR TORI HARING-SMITH subordinates? 60 S LINCOLN STREET Νo WASHINGTON, PA 15301 H(b) Are all subordinates Tax-exempt status included? **√** 501(c)(3) 501(c) ( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW WASHJEFF EDU Group exemption number 🕨 L Year of formation 1781 M State of legal domicile PA ✓ Corporation Trust Association **K** Form of organization Part I Summary 1 Briefly describe the organization's mission or most significant activities PROMOTE EDUCATION, THE DEVELOPMENT OF SKILLS, KNOWLEDGE, AND PERSONAL QUALITIES Activities & Governance 2 Check this box ▶ ┌─ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) 4 37 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 1,207 Total number of volunteers (estimate if necessary) . . . 6 488 Total unrelated business revenue from Part VIII, column (C), line 12 7a 53,599 **b** Net unrelated business taxable income from Form 990-T, line 34 7b -3,484 **Prior Year Current Year** 12,314,057 10,231,794 8 Contributions and grants (Part VIII, line 1h) . Ravenue 71,632,718 73,503,048 Program service revenue (Part VIII, line 2g) 3,854,803 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,581,216 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 200,383 290,008 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 93,728,374 87,879,653 12) 13 26,757,385 28,524,964 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 24,331,042 25,738,601 Expenses 5 - 10)20.000 8.000 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25)  $\triangleright$  2,156,050 17 28,437,113 29,519,881 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 79,545,540 83,791,446 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4,088,207 19 Revenue less expenses Subtract line 18 from line 12 14,182,834 Assets or d Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 321,713,847 318,521,155 21 73,998,890 Total liabilities (Part X. line 26) . 72,544,056 Net assets or fund balances Subtract line 21 from line 20 249,169,791 244,522,265 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2017-04-25 Signature of officer Sign Here DR TORI HARING-SMITH PRESIDENT Type or print name and title Preparer's signature SUSAN M KIRSCH Date Print/Type preparer's name SUSAN M KIRSCH Check I If P00341397 self-employed

Firm's name ► SCHNEIDER DOWNS & CO INC

PITTSBURGH, PA 15222

Firm's address ► ONE PPG PLACE SUITE 1700

Paid

**Preparer** 

Use Only

Firm's EIN > 25-1408703

Phone no (412) 261-3644

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	<b>11</b> b	Yes	<u> </u>
	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	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	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
c	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No

С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28</b> b		No
c	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M $\$$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
25-	Did the eventuation have a controlled out the way in a facetion F1.2/EV(1.2)2	352		No

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

organization? If "Yes," complete Schedule R, Part V, line 2 . . .

Note. All Form 990 filers are required to complete Schedule O

37

Yes

Νo

Νo

35b

36

37

38

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   1,82	9	Yes	No
c	Did th	ne organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
		ng (gambling) winnings to prize winners?	<b>1</b> c	Yes	
<b>2</b> a		the number of employees reported on Form W-3, Transmittal of Wage and Statements, filed for the calendar year ending with or within the year covered			
		return	7		
b		east one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
20		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ne organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b	Yes	
		y time during the calendar year, did the organization have an interest in, or a signature or other authority		103	
	over,	a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No
h		unt)?			No
b	If "Ye	es," enter the name of the foreign country			
	(FBAF				
5a	Was t	the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If"Ye	es," to line 5a or 5b, did the organization file Form 8886-T?			
<b>6</b> -	D	the constraint bear and a second constraint that are recorded than \$100,000 and did the	5c		NI -
ба		the organization have annual gross receipts that are normally greater than \$100,000, and did the lization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b		es," did the organization include with every solicitation an express statement that such contributions or gift not tax deductible?	6 <b>b</b>		
7		nizations that may receive deductible contributions under section 170(c).			
а		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ces provided to the payor?	7a	Yes	
b		es," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t	о <b>7с</b>		No
d		orm 8282?	1		NO
		ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		,	7e		No
		ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the organization file Form 8899 a red?	s 7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	7h		
8		soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	durıng	g the year?	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?	9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1	
10		on 501(c)(7) organizations. Enter			
		tion fees and capital contributions included on Part VIII, line 12 10a s receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	-		
	facilit	· · · · · · · · · · · · · · · · · · ·			
		on 501(c)(12) organizations. Enter			
		s income from members or shareholders	_		
Ь		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )			
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<b>12</b> a	<u> </u>	
b		es," enter the amount of tax-exempt interest received or accrued during the 12b			
13	year <b>Sect i</b> c	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		e organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for	1.		
ь		ional information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states	13a	!	
	ın whi	ich the organization is licensed to issue qualified health plans			
		the amount of reserves on hand	-	-	 
		ne organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $0 \cdot \cdot \cdot$	14b	)	

orm	990 (2015)			Page
Pai	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	 or 10	b belo	
	Check if Schedule O contains a response or note to any line in this Part VI			🗸
56	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		103	110
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	<b>8</b> a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	venu	ie Cod	e.)
	Г		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	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?			

Section	7	Dicc	locur	
3601111111	<b>L</b> .	DISC	IUSUL	t

		_	
L7	List the States with w	hich a copy of this Form 990 i	s required to be filed▶

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

☐ O wn website ☐ A nother's website ☐ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

O State the name, address, and telephone number of the person who possesses the organization's books and records
►T SZEJKO ASSOCIATE VP OF FINANCE 60 S LINCOLN STREET WASHINGTON, PA 15301 (724) 223-6009

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

#### 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 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 organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion :han d on is	one both ecto	box, anı	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

art VII	Section A. Officers	, Directors, Trust	ees, Key Employees	s, and Highest Compe	nsated Employees (	continued)
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<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t perso	tion i han d in is	one l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptovies	Former			organization and related organizations
See Additional Data Table										
1b Sub-Total						<b>&gt;</b>				
<ul><li>c Total from continuation sheet</li><li>d Total (add lines 1b and 1c) .</li></ul>	-					· 🔭		1,553,100	0	334,679
							- >!	, ,		334,079
Total number of individuals (inc. \$100,000 of reportable compa							e) Wi	io received more th	dII	

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

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GCA SERVICES GROUP	FACILITY MANAGEMENT	4,155,622
PO BOX 643823		
PITTSBURGH, PA 152643823		
PARKHURST DINING SERVICE	FOOD SERVICE	3,817,029
PO BOX 644091		
PITTSBURGH, PA 152644090		
MOSITES CONSTRUCTION CO	CONSTRUCTION	2,559,471
4839 CAMPBELLS RUN ROAD		
PITTSBURGH, PA 15205		
PJ DICK INC	CONSTRUCTION	1,447,484
PO BOX 6774		
PITTSBURGH, PA 15212		
ROYALL & COMPANY	STUDENT SEARCH SERVICES	344,353
1920 E PARNHAM ROAD		
RICHMOND, VA 23228		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright$  21

Yes

No

Form 99	90 (20	015)						Page <b>9</b>
Part V	/++:	Statement o	f Revenue					
		Check If Sched	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ×	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies <b>1b</b>					
Ę, G	С	Fundraising ev	ents <b>1c</b>	5,744				
ifts ar /	d	Related organiz	zations 1d					
s, G	e	Government grant	s (contributions) <b>1e</b>					
ion I Si	f		ons, gifts, grants, and 1f	10,226,050				
Contributions, Gifts, Grants and Other Similar Amounts	g	sımılar amounts no Noncash contributi	ons included in lines	2.063.592				
a d		1a-1f \$		3,962,583	10 221 704			
Cont	h	Total. Add lines	sla-lf	•	10,231,794			
E E	22	TUITION AND EEE	_	Business Code	F7 020 207	F7 020 207		
Program Service Revenue	2a b	STUDENT SERVICE		900099	57,029,287 15,298,577	57,029,287 15,298,577		
	c	AUXILIARY PROGR		900099	1,175,184	1,099,176	76,008	
	d			300033	2,270,20	2,033,273	, 0,000	
% =	e							
grar	f	A II other progra	am service revenue					
Ě	g	Total. Add lines	L s2a-2f	•	73,503,048			
	3		ome (including dividend	s, interest,	843,490		-22,409	865,899
	4		ar amounts) stment of tax-exempt bond p	roceeds				
	5	Royalties .		•	40,492			40,492
			(ı) Real	(II) Personal				
	6a	Gross rents	50,247					
	b	Less rental expenses	51,196					
	С	Rental income or (loss)	-949					
	d	Net rental inco	me or (loss)	•	-949			-949
	7a	Gross amount	(ı) Securities	(II) Other				
	/a	from sales of assets other than inventory	87,639,557					
	ь	Less cost or other basis and	84,628,244					
	c	sales expenses Gain or (loss)	3,011,313					
	d	Net gain or (los			3,011,313			3,011,313
Other Revenue	8a	events (not inc	luding 5,744 s reported on line 1c)					
ē		•	a	52,277				
O E	b		penses <b>b</b> (loss) from fundraising e	28,047	24,230			24,230
	c 9a		rom gaming activities	vents •	24,230			24,230
			ne 19					
	Ь	less directey	penses b					
			(loss) from gaming activ	ıtıes				
	10a	Gross sales of	inventory less	<b>•</b>				
		returns and allo	owances .					
	h	1	a   	615,154				
	b c		oods sold <b>b</b> [ (loss) from sales of inve	388,919 ntory ►	226,235			226,235
		Miscellaneou		Business Code				
	11a							
	b							
	С.	A.II 1						
	d e	All other reven  Total. Add lines	L	🕨				
	12	iotal revenue.	See Instructions	•	87,879,653	73,427,040	53,599	4,167,220

#### Part IX Statement of Functional Expenses

Section	501(c)(3)	and 501(c)	(A) organizations must	complete all columns	All other organizations	must complete column (A)
section	201161621	and Sulici	IC4 I OTGANIZACIONS MUSE	complete all columns	A II OTHEL OLGANIZATIONS	-musi combiete column (A.)

	Check in Schedule of Contains a response of flote to any fine in t	tilis i dit i x			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	27,754,990	27,754,990		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	769,974	769,974		
4	Benefits paid to or for members	·	· · ·		
5	Compensation of current officers, directors, trustees, and key employees	1,027,156	374,884	303,832	348,440
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	17,857,114	14,704,787	2,351,238	801,089
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	1,260,888	989,935	189,352	81,601
9	Other employee benefits	4,228,169	3,239,485	770,175	218,509
10	Payroll taxes				
		1,365,274	1,077,607	198,745	88,922
11	Fees for services (non-employees)				
а	Management				
b	Legal	90,043		90,043	
c	Accounting	96,007		96,007	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	8,000			8,000
f	Investment management fees	436,809		436,809	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,412,422	7,066,518	263,871	82,033
12	Advertising and promotion	436,908	58,603	378,305	
13	Office expenses	764,544	321,599	311,332	131,613
14	Information technology	472,852	338,907	133,945	
15	Royalties				
16	Occupancy	2,849,420	2,829,681	19,739	
17	Travel	797,911	613,412	53,715	130,784
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	73,667	10,544	20,455	42,668
19	Conferences, conventions, and meetings	688,399	184,432	422,357	81,610
20	Interest	2,750,998		2,750,998	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,543,622	5,294,159	194,027	55,436
23	Insurance	441,418	418,586		22,832
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	STUDENT ACADEMIC /PROGR	2,460,747	2,424,444	36,303	
b	ATHLETIC & GAME EXPENSE	1,100,821	1,100,821		
c	STUDENT RECRUITING COST	591,006	591,006		
d	LIFE INCOME AND ANNUITY	417,266	417,266		
e	All other expenses	2,095,021	1,379,208	653,300	62,513
25	<b>Total functional expenses.</b> Add lines 1 through 24e	83,791,446	71,960,848	9,674,548	2,156,050
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains	a	respo	onse	or	nc
 1	Cash-non-interest-bearing	_			_	_

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Balances

Fund

ō

Assets

Net

X	Balance Sheet
	Check if Schedule O

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

(	Balance Sheet	
	Check if Schedule O	conta

Savings and temporary cash investments Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Intangible assets . . . .

Other assets See Part IV, line 11

Accounts payable and accrued expenses

Less accumulated depreciation .

Accounts receivable, net . .

heet		
edule O contains a response or note to any line in this Part X		

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)voluntary employees' beneficiary organizations (see instructions) Complete Part

	Pag

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(A)

Beginning of year

8,000

52,428,799

3.030.203

1,436,429

1.454.298

279,825

1,419,679

134,943,086

73,580,240

53,133,288

321,713,847

4.371.993

868,226

57,412,003

9,891,834

72,544,056

123,652,319

52,054,086

73,463,386

249,169,791

321,713,847

229,752,966

90,073,039

Page	

(B)

End of year

8,000

56,235,669

2,144,975

1,077,758

1.295.126

277,701

1,118,044

139,679,927

64,445,422

52,238,533

318,521,155

6 767 487

975,648

56,500,158

9,755,597

73,998,890

127,217,931

39,509,744

77,794,590

244,522,265

318,521,155 Form 990 (2015)

orm 990 (2015)		Page
Dart Y	Ralance Sheet	

10a

10b

Form 990 (2015	)	Paç
Part X Bal	ance Sheet	

87,879,653

83,791,446

4,088,207

249,169,791

-9,111,767

376,034

▽

No

Νo

#### **Reconcilliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI							. 🗸

Total revenue (must equal Part VIII, column (A), line 12) . . . .

Investment expenses

column (B))

Schedule O

Schedule O

Prior period adjustments .

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments . . Donated services and use of facilities .

Other changes in net assets or fund balances (explain in Schedule O) . Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . .

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Cash ✓ Accrual COther

Both consolidated and separate basis

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244,522,265

2a

3b

2b Yes 2c Yes

> Yes Form 990 (2015)

Yes

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Yes

basis, consolidated basis, or both ✓ Separate basis Consolidated basis

Separate basis

Single Audit Act and OMB Circular A-133?

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### Software ID: Software Version:

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

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

Compensated Employees, and Inde	pendent Co	ntrac	tors	>, ı	ıus	iees	,	ey Employees	, nighest	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h an or/tr	offic ustee	ess er )	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JERRELL L ANGELL TRUSTEE	1 00	х						0	0	C
RICHARD F BEATTY TRUSTEE	1 00	x						0	0	C
ROBERT M BEAVERS TRUSTEE (EXITED 11/2015)	1 00	×						0	0	C
SUSAN COHEN TRUSTEE	1 00	×						0	0	C
JONATHAN M CONRAD TRUSTEE	1 00	×						0	0	C
PATRICK A CORRENTY TRUSTEE	1 00	x						0	0	C
DANA GRAHAM DEVEREUX TRUSTEE	1 00	x						0	0	C
LYN M DYSTER PHD TRUSTEE (ENTERED 10/2015)	1 00	x						0	0	C
WALTER FLAMENBAUM MD TRUSTEE (ENTERED 07/2015)	1 00	×						0	0	Q
DONNA HALEY GRIER TRUSTEE	1 00	X						0	0	C

Form 990, Part VII - Compensation Compensated Employees, and Inde					rus	stee	s, K	(ey Employee	as, Hignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	than ersor icer a tor/t	not one on is and trust		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations to below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
COLEMAN HUGHLEY TRUSTEE	1 00	×						0	0	0
BETSEY HURWITZ-SCHWAB TRUSTEE	1 00	х						0	0	0
CLYDE B JONES III TRUSTEE	1 00	×						0	0	0
VICTOR LAZZARO JR TRUSTEE	1 00	×						0	0	0
THOMAS J LEYDIG TRUSTEE	1 00	x						0	0	C
STEPHAN M LOEWENTHEIL TRUSTEE (ENTERED 10/2015)	1 00	х						0	0	C

1 00

1 00

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LARRY A MAKEL

JOSEPH H MENENDEZ

REYNOLD MOONEY

CHARLES T NASON

TRUSTEE

TRUSTEE

TRUSTEE

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TRUSTEE (ENTERED 10/2015)

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

Compensated Employees, and Inde					rus	stee	S, R	tey Employed	es, Hignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	han erso icer	not one n is and		.	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
ALBERT G NICKEL TRUSTEE (EXITED 08/2015)	1 00	x						0	0	0
PEGGY NORTHROP TRUSTEE	1 00	х						0	0	0
DONNA LUCAS PELLEGRINI TRUSTEE	1 00	x						0	0	0
B JOHN PENDLETON TRUSTEE	1 00	×						0	0	0
A MICHAEL PRATT TRUSTEE	1 00	×						0	0	0
FRANCES SMITH ROHRICH TRUSTEE	1 00	х						0	0	0

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LOUISE K ROSS TRUSTEE

STEPHEN M ROSS

E RONALD SALVITTI II

TRUSTEE

TRUSTEE

JOHN D SIMON TRUSTEE

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

Compensated Employees, and Inde					. i u	stee:	э, г	tey Employed	ss, nigliest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	than ersoi icer	not one on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
DAVID A STEINBERG TRUSTEE	1 00	x						0	0	0
LEANNE TRACHOK TRUSTEE	1 00	×						0	0	0
ROBERT G WALKER TRUSTEE	1 00	x						0	0	0
JIMIL B WILSON TRUSTEE	1 00	×						0	0	0
RICHARD T CLARK CHAIRMAN	5 00	×		x				0	0	C
DIANA L REED 1ST VICE CHAIR	2 50	x		x				0	0	0

2 50

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KEITH GHEZZI

VICE CHAIR

DAVID ROSS

VICE CHAIR

SECRETARY

CRAIG A VARGA ESQ

CHARLES F MARCY TREASURER

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/t	not one n is and rus	tee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DR TORI HARING-SMITH PRESIDENT	55 00	x		x			355,010	0	145,624
DENNIS MCMASTER  VP FOR BUSINESS & FINANCE	50 00			x			204,042	0	27,414
MICHAEL GRZESIAK  VP FOR DEVELOPMENT	50 00				×		189,923	0	24,481
JOHN ZIMMERMAN VICE PRESIDENT AA	40 00				×		157,451	0	25,977
ROBERT GOULD  VP OF ENROLLMENT	40 00					x	156,109	0	29,285
EVA CHATTERJEE-SUTTON VICE PRESIDENT SA	40 00					x	124,546	0	24,177
JOHN GREGOR PROFESSOR	40 00					х	132,869	0	11,571
SAM FEE PROFESSOR	40 00					х	124,553	0	19,181

108,597

26,969

40 00

CHARLIE HANNON

**PROFESSOR** 

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE A** 

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

OMB No 1545-004 Open to Public Inspection

DLN: 93493122003467

25-0965601

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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990EZ)

(Form 990 or

WASHINGTON & JEFFERSON COLLEGE

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

Employer identification number

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization A mount of Type of Is the organization A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 (b)2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 10,740,059 17,051,314 12,332,761 12,314,057 6,531,899 58,970,090 membership fees received (Do

2	not include any unusual grants ) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	17,051,314	12,332,761	10,740,059	12,314,057	6,531,899	58,970,090
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,081,487
6	<b>Public support.</b> Subtract line 5 from line 4						47,888,603
S	ection B. Total Support						
	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
7	A mounts from line 4	17,051,314	12,332,761	10,740,059	12,314,057	6,531,899	58,970,090
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,515,661	760,326	2,459,462	1,485,442	956,638	7,177,529
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7 through 10						66,147,619
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12	352,409,093
13	First five years.If the Form 990 is			. third, fourth, or fi	ıfth tax vear as a		
	check this box and <b>stop here</b>	-			•		, 9 ,
S	ection C. Computation of Pu						_
<del></del>		- · · ·	<del> </del>	44 1 (0)			

5	ection C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	72 400 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	67 230 %

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶▽

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

▶□

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

• •			_															
(Complete only	if you	ı che	cked	the box	on	lıne	9	of	Part	I or	ıf the	e organizatio	n ·	faıled	to q	lualify	under	Part
TT TC 11																		

Se	ction A. Public Support	Trans to quant	y under the tee	to noted below,	picase compi	20 1 410 1117	
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(=)===	(-)	(1)
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
D	A mounts 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  Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f)Total
-	iscal year beginning in) ►		·	· · ·	. ,	· ,	
9 .0a	A mounts from line 6 Gross income from interest,						
.ua	dividends, payments received on	İ					
	securities loans, rents, royalties	İ					
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)	İ					
	from businesses acquired after	İ					
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated	İ					
	business activities not included in line 10b, whether or not the	İ					
	business is regularly carried on						
12	Other income Do not include	İ					
	gain or loss from the sale of capital assets (Explain in Part	ı					
	VI)						
13	Total support. (Add lines 9, 10c,	ı					
14	11, and 12)  First five years.If the Form 990 is f	or the organizati	nn's first second	third fourth or f	 	section 501(c)	(3) organization
-	check this box and <b>stop here</b>	or the organization	on 5 m 5 c, 5 c c o m a	, china, rouren, or r	men eax year as a	300000000000000000000000000000000000000	► □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
	<b>33 1/3% support tests—2015.</b> If the		,		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	=					<b>▶</b> □
b	<b>33 1/3% support tests—2014.</b> If the						
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiza	tion 🕨
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and s	see instructions	▶┌

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
С	by or in connection with its supported organizations  Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	<b>4</b> c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5</b> b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<b>5</b> c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

#### Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
	,, <u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	the organization's supported organization(s) would have been engaged in?			

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

Par	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting O	ganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	ust on N	ov 20,1970 <b>See inst</b>	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	ections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter $1\text{-}1/2\%$ of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (	organization (see

Po	iype III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Se	ection D - Distributions			Current Year
1	A mounts paid to supported organizations to accom	plish exempt purposes		
2	A mounts paid to perform activity that directly furth excess of income from activity			
3	Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anizations	
4	A mounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval re	auıred)		
	Other distributions (describe in Part VI) See instru			
		30013		
	<b>Total annual distributions.</b> Add lines 1 through 6			
8	Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is re	esponsive (provide	
9	Distributable amount for 2015 from Section C, line	6		
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
	Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3	Excess distributions carryover, if any, to 2015			
а				
b				
C				
	From 2013			
	From 2014			
	Total of lines 3a through e  Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2015 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	<b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b				
c	Excess from 2013			
d	From 2014			
	From 2015			
	<del></del>		Calcadala A A	(F 000 000 F7) (201 F

#### DLN: 93493122003467

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

#### 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. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047 Open to Public Inspection

Department of the www.irs.gov/form990. Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number WASHINGTON & JEFFERSON COLLEGE 25-0965601 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 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? ☐ Yes □ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 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 function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 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 (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-3

Subtract line 1f from line 1c If zero or less, enter -0-

cŀ	nedule C (Fo	rm 990 or 990-EZ) 2015			Page <b>2</b>
₽₹	art II-A	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	l file	d Form 5768	(election
1	Check ►	if the filing organization belongs to an affiliated group (and list in Part IV each affiliate expenses, and share of excess lobbying expenditures)	d gro	up member's nan	ne, address, EIN,
	Check ▶	If the filing organization checked box A and "limited control" provisions apply			
		Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
la	Total lobb lobbying)	ying expenditures to influence public opinion (grass roots		0	
b	Total lobb	ying expenditures to influence a legislative body (direct lobbying)		0	
c	Total lobb	ying expenditures (add lines 1a and 1b)		0	
d	Otherexe	mpt purpose expenditures		88,791,446	

Total exempt purpose expenditures (add lines 1c and 1d) 88,791,446 1,000,000 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 nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) g 250,000 Subtract line 1g from line 1a If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

h Lobbying celling amount	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)						
Deginning in   (a)2012   (b)2013   (c)2014   (d)2015   (e) 1							
b Lobbying ceiling amount (150% of line 2a, column(e))	otal						
(150% of line 2a, column(e))	,000,000						
c Total lobbying expenditures	,000,000						
7 3 1							
<b>d</b> Grassroots nontaxable amount 250,000 250,000 250,000	,000,000						
e Grassroots ceiling amount (150% of line 2d, column (e))	,500,000						
f Grassroots lobbying expenditures  Schedule C (Form 990 or 990-E	\ 204E						

Return Reference

Pa	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				
or o	1		(a)		(b)	
	each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying vity	Yes	No		moun	ıt
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	103				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c	Media advertisements?					
d						
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?					
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?					
Pai	rt III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	501(0	(5), (	or se		n
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		_	1		<b>—</b>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_	2		<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible 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		L			
	**					<del></del>
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	oup list)	, Part II	-A,I	ines 1	and

Explanation

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

#### **SCHEDULE D**

(Form 990)

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No 1545-0047

DLN: 93493122003467

Department of the

Treas	sury nal Revenue Service		Form 990) and its instructions is	s at <u>www.irs.</u>	.gov/f	orm990.	Inspect	ion
Na	me of the organi SHINGTON & JEFFER	ization			Empl	oyer identif	ication numbe	er .
WA	SHINGTON & JEFFER	RSON COLLEGE			25-0	965601		
Pa		izations Maintaining Donor ete if the organization answere					ts.	
		<u> </u>	(a) Donor advised funds	,	(b)	Funds and o	ther accounts	
1	Total numbe	er at end of year						
2	Aggregate v year)	alue of contributions to (during						
3	Aggregate v	alue of grants from (during year)						
4	Aggregate v	alue at end of year						
5	_	zation inform all donors and donor a irganization's property, subject to t	5		radvis	sed	□Yes	┌ No
6	used only for c conferring impe	zation inform all grantees, donors, a haritable purposes and not for the ermissible private benefit?	benefit of the donor or donor adv	isor, or for an	y other	· ·	<b>☐ Yes</b>	┌ No
		rvation Easements. Comple			1 Form	n 990, Part	IV, line 7.	
1		conservation easements held by th ion of land for public use (e g , recr		ply)				
	education)	ion of land for public use (e.g., recr		ervation of an	histor	ıcally ımport	ant land area	
	Protection	of natural habitat	☐ Pres	ervation of a d	ertifie	d historic st	ructure	
	Preservati	ion of open space						
2	,	s 2a through 2d if the organization he last day of the tax year	neld a qualified conservation con	ntribution in th	e form	of a conser	vation	
						Held at t	he End of the	Year
а		of conservation easements		-	2a			
b	-	restricted by conservation easeme		,	2b			
C		servation easements on a certified	•	´	2c			
d		servation easements included in (o ure listed in the National Register	) acquired after 8/17/06, and fit	Lona	2d			
3		servation easements modified, trai	nsferred, released, extinguished,	or terminated	by the	e organizatio	n during the	
	tax year ▶							
4	Number of stat	es where property subject to cons	ervation easement is located <b>&gt;</b> _		_			
5	_	nization have a written policy regar enforcement of the conservation e	5 .	pection, hand	ling of	Γ	Yes No	0
6	Staff and volun year	teer hours devoted to monitoring,	nspecting, handling of violations	, and enforcir	ig cons	ervation eas	sements durır	ng the
7	A mount of exp ▶\$	enses incurred in monitoring, inspe	cting, handling of violations, and	d enforcing co	nserva	tion easeme	ents during the	e year
8		servation easement reported on lii ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the require	ments of sect	ion 17		Yes N	o
9	balance sheet,	escribe how the organization repor and include, if applicable, the text in's accounting for conservation ea	of the footnote to the organization				•	
Pai	t IIII Örgan	izations Maintaining Collect ete if the organization answere	tions of Art, Historical Tr		r Oth	er Simila	r Assets.	
1a	If the organiza works of art, hi	tion elected, as permitted under SF storical treasures, or other similar e, in Part XIII, the text of the footi	AS 116 (ASC 958), not to report assets held for public exhibition	rt ın ıts reven ı, educatıon, o	rresea	arch in furthe		
b	works of art, hi	tion elected, as permitted under SF storical treasures, or other similar le the following amounts relating to	assets held for public exhibition					ıIC
(	(i) Revenue inclu	uded on Form 990, Part VIII, line 1			<b>▶</b> \$			
(	ii) Assets Includ	ed in Form 990, Part X						
2	If the organiza	tion received or held works of art, hence to the required to be reported under S		ılar assets foi				

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Continu	nizations Maintaining	g Collections of	Art, Histor	ical	Treasures, or	Oth	er Similar A	ssets
3	Using the orga	anization's acquisition, acc ns (check all that apply)	cession, and other re	ecords, check	any c	of the following tha	at are	a sıgnıfıcant us	e of its
а	<b>✓</b> Public ex	khibition		q L	Lo	an or exchange pr	rogran	ms	
b	✓ Scholarly	y research		e	Ot	her			
c	Preserva	ition for future generations	;						
4		cription of the organization		xplain how the	y furt	her the organizat	ion's	exempt purpose	ın
5		ar, did the organization sol						ımılar	
Dat		old to raise funds rather t		d as part of the	orga	inization's collect	ion?	Ye	s 🗸 No
	Compl	lete if the organization , line 21.		on Form 990,	Par	t IV, line 9, or r	epor	ted an amour	nt on Form 990,
1a		ation an agent, trustee, cu orm 990, Part X?	istodian or other inte	ermediary for d	ontri	butions or other a	ssets	s not	s No
b	If "Yes," ex	plain the arrangement in F	Part XIII and comple	ete the followir	ıg tab	ole		Am	ount
c	Beginning b	alance					1c		
d	Additions d	uring the year				_ :	1d		
е	Distribution	ns during the year				_ :	1e		
f	Ending bala						1f		
2a	Did the organi	zation include an amount	on Form 990, Part X	, line 21, for e	scrov	v or custodial acc	ount	liability? <b>Ye</b> :	s No
b	If "Vec " evol:	ain the arrangement in Par	t VIII Chack hara i	f the evolenati	on ha	is been provided i	n Dar	+ ٧111	П
Pa		wment Funds. Compl							
			(a)Current year	( <b>b)</b> Prior year		<b>b (c)</b> Two years back	(d)	Three years back	(e)Four years back
1a	Beginning of y	ear balance	136,735,510	135,711	,770	122,227,162	2	105,285,643	105,449,820
b	Contributions		8,964,707	6,054	,836	5,159,002	2	14,385,448	9,658,775
c	Net investmei losses	nt earnings, gains, and	-5,556,042	3,081	,069	14,982,374	4	12,247,905	-2,504,073
d	Grants or sch	'	3,138,984	3,062	,847	2,726,145	5	1,963,076	2,561,974
e	O ther expend and programs		4,458,625	4,232	,575	3,244,425	5	7,728,758	4,756,905
f		e expenses	417,266	816	,743	686,198	3		
g	End of year ba	alance • •	132,129,300	136,735	,510	135,711,770		122,227,162	105,285,643
2	Provide the es	stimated percentage of the	current year end ba	alance (line 1g	, colu	ımn (a)) held as			
а	Board designa	ited or quasi-endowment 🕽	19 210 %						
b	Permanent en	dowment ▶ 59 310 %							
С		estricted endowment ► ges on lines 2a, 2b, and 2d	21 480 % should equal 100%	ò					
3a		owment funds not in the po	ossession of the orga	anızatıon that	are h	eld and admınıste	red fo	or the	Two I No
	organization b  (i) unrelated o	y organizations						3a	Yes No
		ganizations							(ii) No
b		ı(ıı), are the related organı				۲٬			3b
4		art XIII the intended uses		s endowment f	unds				
Pa		<b>Buildings, and Equi</b> lete if the organization		Form 990,	Part	IV, line 11a.Se	e For	m 990, Part X	(, line 10.
		escription of property			a) ther b	(b) asıs Cost or other b		Accumulated (c)depreciation	(d)Book value
1a	Land					10,688	3,311		10,688,311
b	Buildings • • • •					173,933	3,446	59,725,555	5 114,207,891
	·	ovements							
	Equipment .			•		32,239	,760	25,789,936	6,449,824
е	Other					12,891	,449	4,557,548	8,333,901
Tota	al. Add lines 1a	through 1e <i>(Column (d) mu</i>	ıst equal Form 990, Pa	art X, column (l	3), lın	e 10(c) )		>	139,679,927

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organiz	ation answered 'Yes	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests			,
(3)Other (A) STOCKS		266,703	F
(B) INVESTMENT IN LIMITED P-SHIP		5,049,497	F
(C) INT'L GROWTH EQUITY FUND		14,571,510	F
(D) INVEST IN OTHER HEDGE FUNDS		21,022,266	F
(E) INVESTMENTS - REAL ESTATE		883,743	C
(F) CASH SURRENDER VALUE OF LIFE INSURANCE POL	ICIES	397,265	F
(G) SECURITIES HELD IN TRUST BY OTHERS		5,654,821	F
(H) COMMODITIES		65,424	F
(I) ANNUITIES		4,327,304	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	52,238,533	
Part VIII Investments—Program Related.  Complete if the organization answered "	Yes' on Form 990,	Part IV, line 11c. <sub>See</sub>	Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>		
Part IX Other Assets. Complete if the organization  (a) Descrip		rm 990, Part IV, line 1	1d See Form 990, Part X, line 15 (b) Book value
(a) Descrip	5000		(b) Book Value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15  Part X Other Liabilities. Complete if the organ		· · · · · · · · · · · · · · · · · · ·	· · ▶  art IV, line 11e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book value		
Federal income taxes			
ACCRUED RETIREE HEALTHCARE BENEFITS	3,372,99	2	
FED GOV ADVANCES FOR STUDENT LOANS	1,627,70	7	
LIABILITIES UNDER LIFE INTEREST AGREEMENT	3,326,68		
DEPOSITS HELD IN CUSTODY FOR OTHERS	1,428,21		
DELI GOLLO ILLES IN GOSTODI FONO ILLES	1,120,21	<u></u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	9,755,59		
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnot	te to the organization's	

1	Total revenue, gains, and othe	r support per audited financial statemen	ts		1	50,888,797
2	A mounts included on line 1 but	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a	-9,111,767		
b	Donated services and use of fa	acılıtıes	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII )					
			2d	844,196	_	
e	Add lines 2a through 2d				2e	-8,267,571
3	Subtract line <b>2e</b> from line <b>1</b> .				3	59,156,368
4		0, Part VIII, line 12, but not on line 1	1			
а	•	uded on Form 990, Part VIII, line 7b .	4a	198,321		
Ь	Other (Describe in Part XIII )		4b	28,524,964		
c	Add lines <b>4a</b> and <b>4b</b>				4c	28,723,285
5		<b>4c.</b> (This must equal Form 990, Part I, I			5	87,879,653
Part		kpenses per Audited Financial : nization answered 'Yes' on Form 990			s per l	Return.
1		r audited financial statements	•	•	1	55,536,323
2	,	t not on Form 990, Part IX, line 25			-	33,330,323
² a		acilities	2a	1		
b	Prior year adjustments		2b			
c	Other losses		. 2c			
d			. 2c	468,162		
	Other (Describe in Part XIII )		. <u>2</u> u	468,162	3.	469 163
e	Add lines 2a through 2d				2e 3	468,162
3	Subtract line <b>2e</b> from line <b>1</b> .				3	55,068,161
4		0, Part IX, line 25, but not on line 1:	1	1 400 334		
а	investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a	198,321		
b	Other (Describe in Part XIII )		. 4b	28,524,964		
с	Add lines <b>4a</b> and <b>4b</b>				4c	28,723,285
5	Total expenses Add lines <b>3</b> ar	nd <b>4c.</b> (This must equal Form 990, Part I	. line 18	)	5	83,791,446
		,	,	,		
Part	XIII Supplemental Info	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines lines 2d and 4b, and Part XII, lines 2d				e any additional
	Return Reference	Explanation	n			
PART	III, LINE 1A	THE COLLEGE'S COLLECTIONS INC	LUDE PA	INTINGS, PRINTS, PHO	TOGRA	APHS, SCULPTURES,
	,	DRAWINGS AND WATERCOLORS, AN				
		EDUCATIONAL, RESEARCH, SCIENT IS CATALOGED, PRESERVED AND C.				
		EXISTENCE AND ASSESSING THEIR		•		
		PURCHASES OF COLLECTION ITEMS	S ARE RE	CORDED AS OPERATI	NG EXP	ENDITURES IN THE
		YEAR IN WHICH THE ITEMS ARE AC	_		CTION	ITEMS ARE NOT
		REFLECTED IN THE FINANCIAL STA	TEMENT	S		

Part XIII Supplemental	Information (continued)
Return Reference	Explanation
PART V, LINE 4	THE COLLEGE'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENT FUNDS ESTABLISHED PRIMARILY FOR SUPPORT OF THE COLLEGE'S MISSION ITS ENDOWMENT INCLUDES DONOR-RESTRICTED AS WELL AS BOARD-DESIGNATED ENDOWMENT FUNDS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE COLLEGE TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE TRUSTEES OF THE COLLEGE HAVE ELECTED TO BE GOVERNED BY THE COMMONWEALTH OF PENNSYLVANIA'S ACT 141 (ACT 141) ACT 141 PERMITS UTILIZATION OF A TOTAL RETURN POLICY THAT ALLOWS A NONPROFIT TO CHOOSE TO TREAT A PERCENTAGE BETWEEN 2% AND 7% OF THE AVERAGE MARKET VALUE OF THE ENDOWMENT'S PERMANENTLY RESTRICTED INVESTMENTS AS INCOME EACH YEAR HOWEVER, THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE ASSETS MUST BE TAKEN INTO CONSIDERATION WHEN THE BOARD ELECTS THE AMOUNT ON AN ANNUAL BASIS, THE COLLEGE ELECTS A SPENDING RATE NOT TO EXCEED 7% AS APPROVED BY THE BOARD THE COLLEGE CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT EARNINGS ON THESE GIFTS ARE ACCUMULATED IN TEMPORARILY RESTRICTED NET ASSETS, UNLESS THE INCOME ON THE GIFT IS PERMANENTLY RESTRICTED IN ACCORDANCE WITH ACT 141, THE COLLEGE HAS ADOPTED A WRITTEN INVESTMENT POLICY, OF WHICH A SECTION SPECIFICALLY RELATES TO THE ENDOWMENT FUND THE COLLEGE CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO SET A SPENDING RATE 1 PROTECTING THE CORPUS OF THE ENDOWMENT FUND 2 PRESERVING THE SPENDING POWER OF THE ASSETS 3 OBTAINING MAXIMUM INVESTMENT RETURN WITH REASONABLE RISK AND OPERATIONAL CONSIDERATION 4 COMPLYING WITH APPLICABLE LAWS THE COLLEGE'S ENDOWMENT FUNDS ARE INTENDED FOR CAPITAL IMPROVEMENTS, OPERATIONAL SUPPORT, AND STUDENT FINANCIAL AID, SUBJECT TO DONOR SPECIFICATIONS STATED IN ORIGINAL GIFT AGREEMENTS
PART X, LINE 2	PROVISION FOR FEDERAL TAXES ON INCOME HAS NOT BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS, SINCE THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE COLLEGE IS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 (IRC) THE COLLEGE HAS BEEN FURTHER CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTIONS 509(A)(1) AND 170(1)(A) OF THE IRC HOWEVER, TO THE EXTENT THAT SOME AUXILIARY REVENUES EXCEED EXPENSES, THEY ARE CONSIDERED UNRELATED BUSINESS INCOME AND SUBJECT TO TAXES THE COLLEGE FOLLOWS THE PROVISIONS OF THE CODIFICATION RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THIS PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING

RECOGNIZED IN FINANCIAL STATEMENTS THE COLLEGE'S STATEMENTS OF FINANCIAL POSITION AT JUNE 30, 2016 AND 2015 DO NOT INCLUDE ANY LIABILITIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, FURTHER, THE COLLEGE HAS NO UNRECOGNIZED TAX

BENEFITS THE COLLEGE BELIEVES THAT IT IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR YEARS PRIOR TO 2013 PART XI, LINE 2D - OTHER COSTS OF GOODS SOLD 388,919 RENTAL EXPENSES 51,196 SPECIAL EVENT EXPENSES

ADJUSTMENTS 28,047 CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS 376,034

PART XI, LINE 4B - OTHER STUDENT FINANCIAL AID 28,524,964

ADJUSTMENTS PART XII, LINE 2D - OTHER COSTS OF GOODS SOLD 388,919 RENTAL EXPENSES 51,196 SPECIAL EVENT EXPENSES **ADJUSTMENTS** 28,047

PART XII, LINE 4B - OTHER STUDENT FINANCIAL AID 28,524,964 **ADJUSTMENTS** 

#### **Additional Data**

Software ID: Software Version:

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

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

(a) Description of security or setsory

(b) Book value

(c) Method of valuet

(a) Description of security or cateory (including name of security)	<b>(b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
(3)O ther		
(A) STOCKS	266,703	F
(B) INVESTMENT IN LIMITED P-SHIP	5,049,497	F
(C) INT'L GROWTH EQUITY FUND	14,571,510	F
(D) INVEST IN OTHER HEDGE FUNDS	21,022,266	F
(E) INVESTMENTS - REAL ESTATE	883,743	С
(F) CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES	397,265	F
(G) SECURITIES HELD IN TRUST BY OTHERS	5,654,821	F
(H) COMMODITIES	65,424	F
(I) ANNUITIES	4,327,304	F

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As Filed Data -

DLN: 93493122003467

OMB No 1545-0047

Open to Public **Inspection** 

#### **SCHEDULE E Schools** (Form 990 or

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

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

g Athletic programs?

h Other extracurricular activities?

990-EZ)

Name of the organization WASHINGTON & JEFFERSON COLLEGE **Employer identification number** 25-0965601 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a 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? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d 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 a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Nο c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo

6a Does the organization receive any financial aid or assistance from a governmental agency?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II 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

Yes

5g

5h

6a

6b

Yes

Νo

Νo

Νo

Return Reference

#### Part II Supplemental Information.

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

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	WASHINGTON AND JEFFERSON COLLEGE ACTIVELY RECRUITS STUDENTS IN 47 STATES, WASHINGTON, D C , PUERTO RICO, THE VIRGIN ISLANDS AND VARIOUS INTERNATIONAL COUNTRIES IT IS THE OPINION OF THE COLLEGE THAT IT WOULD BE COST PROHIBITIVE TO PUBLICIZE THE COLLEGE'S NONDISCRIMINATION POLICY (AS TO RACE, COLOR, SEX, HANDICAP, AGE, OR NATIONAL ORIGIN) THROUGH NEWSPAPER OR BROADCAST MEDIA IN SUCH A LARGE GEOGRAPHICAL AREA THE COLLEGE'S RACIAL NONDISCRIMINATION POLICY (AND OTHER AFOREMENTIONED NONDISCRIMINATORY POLICIES) ARE PUBLISHED IN THE COLLEGE'S CATALOGUES, PROGRAM PROFILES, FINANCIAL AID BROCHURE, APPLICATION FORM, COLLEGE PUBLICATIONS AND OTHER WRITTEN COMMUNICATIONS WHICH ARE ROUTINELY PROVIDED TO ALL PROSPECTIVE STUDENTS THIS POLICY IS ALSO POSTED ON THE COLLEGE'S INTERNET WEBSITE
SCHEDULE E, PART I, LINE 6	IN THE COURSE OF OUR BUSINESS AS A COLLEGE, THE INSTITUTION RECEIVES FEDERAL GRANTS

Explanation

efile GRAPHIC print - DO NOT PROCESS			As Filed Da	ta -	DLI	N: 93493122003467
	EDULE F m 990)	Statement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047
` Depart	ment of the Treasury	·	Part IV, line ► Attach t	on answered "Yes" to Form 14b, 15, or 16. To Form 990. and its instructions is at <i>w</i>	2015  Open to Public Inspection	
	of the organization HINGTON & JEFFERSON (				<b>Employer id</b> 25-096560	entification number
Pa				<b>he United States.</b> orm 990, Part IV, line	14b.	
1	<b>For grantmakers.</b> Doe and other assistance, tused to award the gran	the grantees' eligib			_	
2	For grantmakers. Desc assistance outside the		organızatıon's p	rocedures for monitor	ing the use of its gr	ants and other
3	Activites per Region (The	e following Part I, line	e 3 table can be d	uplicated if additional sp	ace is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) program service, describ specific type of service(s) in region	
	See Add'l Data			,		
	Sub-total		0 0			725,007
	Total from continuation sl to Part I <b>Totals</b> (add lines 3a and 3		0 0			23,739,175
For Pa	perwork Reduction Act Noti	ice, see the Instructio	ns for Form 990.	Cat	No 50082W <b>Sci</b>	nedule F (Form 990) 2015

Schedule F (Form 990) 2015

rganization	section and EIN (if applicable)	(3)	grant	cash grant	cash disbursement	of non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶

Page 2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

	1	onal space is ne		Т Т			
a) Type of grant or assistance	(b) Region	(c) Number of recipients	cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT AID	CENTRAL AMERICA AND THE CARIBBEAN	9	ŕ	' CREDIT TO STUDENT'S ACCOUNTS FOR FINANCIAL AID		N/A	N/A
STUDENT AID	EAST ASIA AND THE PACIFIC	31	·	CREDIT TO STUDENT'S ACCOUNTS FOR FINANCIAL AID		N/A	N/A
STUDENT AID	EUROPE (INCLUDING ICELAND & GREENLAND)	90	442,699	CREDIT TO STUDENT'S ACCOUNTS FOR FINANCIAL AID		N/A	N/A
STUDENT AID	MIDDLE EAST AND NORTH AFRICA	2	·	. CREDIT TO STUDENT'S ACCOUNTS FOR FINANCIAL AID		N/A	N/A
STUDENT AID	NORTH AMERICA	1	600	CREDIT TO STUDENT'S ACCOUNTS FOR FINANCIAL AID		N/A	N/A
STUDENT AID	RUSSIA AND NEIGHBORING STATES	1	·	CREDIT TO STUDENT'S ACCOUNTS FOR FINANCIAL AID		N/A	N/A
STUDENT AID	SOUTH AMERICA	15	134,766	CREDIT TO STUDENT'S ACCOUNTS FOR FINANCIAL AID		N/A	N/A
STUDENT AID	SOUTH ASIA	1		CREDIT TO STUDENT'S ACCOUNTS FOR FINANCIAL AID		N/A	N/A
STUDENT AID	SUB-SAHARAN AFRICA	6	5,658	CREDIT TO STUDENT'S ACCOUNTS FOR FINANCIAL AID		N/A	N/A
							<u></u>
						_	
	T ,		1				

√ Yes 8621)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes

(see Instructions for Form 8865)

▽ Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990) Yes Nο

Nο

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

## this part to provide any additional information (see instructions).

Schedule F (Form 990) 2015

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE GRANT FUNDS AWARDED TO STUDENTS ARE APPLIED DIRECTLY TO THEIR STUDENT ACCOUNTS USAGE IS MONITORED BY VIRTUE OF DIRECT ACCOUNT POSTING

#### **Additional Data**

Software ID: Software Version:

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD	53,771
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD	469,973
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD	6,731

(b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) CENTRAL AMERICA AND PROGRAM SERVICES ISTUDY ABROAD 81,811 THE CARIBBEAN SOUTH AMERICA PROGRAM SERVICES ISTUDY ABROAD 49,655 NORTH AMERICA PROGRAM SERVICES ISTUDY ABROAD 18,839

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

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) A ctivities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) RUSSIA AND PROGRAM SERVICES ISTUDY ABROAD 31,777 **NEIGHBORING STATES** SOUTH ASIA PROGRAM SERVICES STUDY ABROAD 12,450

PROGRAM SERVICES

STUDY ABROAD

10,595

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

SUB-SAHARAN AFRICA

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services. grants to recipients located in the region) RUSSIA AND 0 PROGRAM SERVICES. INTERNATIONAL 10,368 NEIGHBORING STATES RECRUITING SOUTH ASIA PROGRAM SERVICES INTERNATIONAL 19,153 RECRUITING

0 PROGRAM SERVICES

INTERNATIONAL

RECRUITING

34,321

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

EUROPE (INCLUDING

ICELAND & GREENLAND)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services. grants to recipients located in the region) **FAST ASIA AND THE** O PROGRAM SERVICES INTERNATIONAL 65,901 RECRUITING PACIFIC CENTRAL AMERICA AND PROGRAM SERVICES INTERNATIONAL 3,540 THE CARIBBEAN RECRUITING NORTH AMERICA PROGRAM SERVICES INTERNATIONAL 11,533 RECRUITING

Form 990 Schedule F Part I - Activities Outside The United States (c) Number of (e) If activity listed in (a) Region (b) Number of (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region describe specific type of type) (i e , fundraising, region agents in service(s) in region region program services, grants to recipients located in the region) SOUTH AMERICA PROGRAM SERVICES INTERNATIONAL 18,531 RECRUITING MIDDLE FAST AND PROGRAM SERVICES INTERNATIONAL 31,553 NORTH AFRICA RECRUITING CENTRAL AMERICA AND GRANTS TO INTERNATIONAL 12,657 THE CARIBBEAN RECIPIENTS LO CATED STUDIES IN REGION

(b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of region agents in service(s) in region region program services, grants to recipients located in the region) **FAST ASIA AND THE** IGRANTS TO INTERNATIONAL 163,208 PACIFIC RECIPIENTS LOCATED STUDIES IN REGION EUROPE (INCLUDING GRANTS TO INTERNATIONAL 442,699 ICELAND & GREENLAND) RECIPIENTS LOCATED STUDIES IN REGION

GRANTS TO

IN REGION

RECIPIENTS LOCATED STUDIES

INTERNATIONAL

2,011

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

MIDDLE EAST AND NORTH

AFRICA

(b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (d) Activities offices in the emplovees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) NORTH AMERICA IGRANTS TO INTERNATIONAL 600 RECIPIENTS LOCATEDISTUDIES IN REGION IGRANTS TO INTERNATIONAL 000,8 RECIPIENTS LOCATED STUDIES IN REGION

IGRANTS TO

IN REGION

RECIPIENTS LOCATED STUDIES

INTERNATIONAL

134,766

KO22IA AI	V D		
NEIGHBOF	RING	STA	TE:

SOUTH AMERICA

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

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) GRANTS TO INTERNATIONAL 375 SOUTH ASIA RECIPIENTS LOCATED ISTUDIES IIN REGION SUB-SAHARAN AFRICA GRANTS TO INTERNATIONAL 5,658 RECIPIENTS LOCATED STUDIES IN REGION

INVESTMENTS

22,763,706

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

CENTRAL AMERICA AND

THE CARIBBEAN

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

DLN: 93493122003467

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization ASHINGTON & JEFFERSON COLLEGE					Employer ide	ntification number			
ASHINGTON & JETTERSON COLLEGE					25-0965601				
<b>Fundraising Activities.</b> Complet Form 990-EZ filers are not require				on Form	990, Part IV	, line 17.			
Indicate whether the organization raised fund	s through	any of tl	ne following activities C	heck all ti	hat apply				
a Mail solicitations	Mail solicitations  e Solicitation of non-government grants								
<b>b</b> Internet and email solicitations			f Solicitation of g	overnmen	t grants				
c Phone solicitations			g  Special fundrais	ing event	S				
d In-person solicitations			•						
Did the organization have a written or oral agi or key employees listed in Form 990, Part VI services?	I) or enti	ty in con	nection with professiona	I fundraisi	ing Y	es No			
b If "Yes," list the ten highest paid individuals to be compensated at least \$5,000 by the or			users) pursuant to agree	ements un	der which the fi	ındraiser is			
(i) Name and address of individual or entity (fundraiser)	custo cont contrib	er have ody or rol of utions?	(iv) Gross receipts from activity	(or re fundraı	ount paid to tained by) ser listed in ol (i)	(vi) A mount paid to (or retained by) organization			
	Yes	No							
otal		•							
List all states in which the organization is regis registration or licensing	tered or	icensed	to solicit contributions o	or has bee	n notified it is e	xempt from			

Part II	Fundraising	<b>Events</b>

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d)
		PETE HENRY GOLF OUTING	B-BALL GOLF OUTING		Total events (add col <b>(a)</b> through col <b>(c)</b> )
		(event type)	(event type)	,	( ),
Revenue	1 Gross receipts	31,231	19,810	6,980	58,021
Ľ	2 Less Contributions	5,744			5,744
	3 Gross income (line 1 minus line 2)	25,487	19,810	6,980	52,277
	4 Cash prizes		600	450	1,050
	<b>5</b> Noncash prizes	1,970	1,812	928	4,710
S	<b>6</b> Rent/facility costs	7,686	5,350	1,042	14,078
Expenses	7 Food and beverages	4,938	2,146	239	7,323
ន័ ភ	8 Entertainment				
Direct I	9 Other direct expenses	886			886
ڪُ ڪ	10 Direct expense summary Add lines	4 through 9 ın column (d	)		28,047
	11 Net income summary Subtract line 1	.0 from line 3, column (d	)		24,230
Pai	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	19, or reported mor	e than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
<u>a</u>	3 Noncash prizes				
Direct Direct	4 Rent/facility costs				
	<b>5</b> Other direct expenses	<b>—</b> 0/			
	6 Volunteer labor	│ Yes <u></u> %		☐ Yes%	
	7 Direct expense summary Add lines	2 through 5 in column (d	)		
	8 Net gaming income summary Subtra	ict line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organiza				Yes No
b	If "No," explain				_
.0a	Were any of the organization's gaming I	icenses revoked, suspe	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

Schedule I
(Form 990)

Governments a

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

Department of the

Internal Revenue Service

Name of the organization

Treasury

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

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

▶ Information about Schedule I (Form 990) and its instructions is at  $\underline{www.irs.qov/form990}$ .

OMB No 1545-0047

DLN: 93493122003467

2015

Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

WASHINGTON & JEFFERSON COLLE	GE					25-0965601	
Part I General Informatio	n on Grants an	d Assistance				<u> </u>	
Does the organization maintain the selection criteria used to aw Describe in Part IV the organization.	ard the grants or a stion's procedures f	ssistance? for monitoring the use	of grant funds in the Ur	ited States			√ Yes
Part III Grants and Other Assista that received more than \$		_		nplete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	ι, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
<ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other orga</li></ul>							

Cat No 50055P

Schedule I (Form 990) 2015

PART I, LINE 2

Part III can be duplicated	ıf addıtıonal space ıs needed							
(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
(1) SCHOLARSHIPS AND STUDENT	AID 1245	26,316,970		N/A	N/A			
(2) STUDENT ASSISTANCE FOR ACAD SUPPORT	EMIC 617	1,304,523		N/A	N/A			
STUDENT ASSISTANCE, STUDE (3) AWARDS	NT 109	133,497		N/A	N/A			
Part IV Supplemental Info	<b>prmation.</b> Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.			
Return Reference Explanation								

GRANT FUNDS AWARDED TO STUDENTS ARE APPLIED DIRECTLY TO THEIR STUDENT ACCOUNTS USAGE IS MONITORED BY VIRTUE OF

DIRECT ACCOUNT POSTING ELIGIBILITY AND AWARDING OF THE GRANTS IF DETERMINED BY THE FINANCIAL AID OFFICE

Schedule J (Form 990)

Department of the

**Compensation Information** 

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493122003467 OMB No 1545-0047

2015

Open to Public

eas terr	ury nal Revenue Service				Insp	ectio	n
Na	me of the organization			Employer identification	on nur	nber	
WAS	SHINGTON & JEFFERSON COLLEGE			25-0965601			
Pa	rt I Questions Regarding Compensation			23 0303001			
						Yes	No
a	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	<b>√</b>	Housing allowance or residence fo	r personal use			
	Travel for companions	Г	Payments for business use of pers	i i		j i	Ì
	▼ Tax idemnification and gross-up payments	<b>√</b>	Health or social club dues or initia	tion fees			ĺ
	✓ Discretionary spending account	Γ	Personal services (e g , maid, cha	uffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organi reimbursement or provision of all of the expenses descri				<b>1</b> b	Yes	
2	Did the organization require substantiation prior to reimburectors, trustees, officers, including the CEO/Executive				2	Yes	
3	Indicate which, if any, of the following the filing organization organization organization organization to establish compensation to establish compensation	apply	Do not check any boxes for metho	ds			
	✓ Compensation committee	<b>~</b>	Written employment contract				
	✓ Independent compensation consultant	<b>~</b>	Compensation survey or study				
	<b>✓</b> Form 990 of other organizations	<b>√</b>	Approval by the board or compens	ation committee			
ļ	During the year, did any person listed on Form 990, Part or a related organization	t <b>V I</b> I	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	men	t?		4a		Νo
b	Participate in, or receive payment from, a supplemental	none	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based	d cor	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	le th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization:	s mu	ıst complete lines 5-9.				
•	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of			any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a	i, did the organization pay or accrue	any			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
,	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			on-fixed	7	Yes	
3	Were any amounts reported on Form $990$ , Part VII, paid subject to the initial contract exception described in Regin Part III				8		No
)	If "Yes" on line 8, did the organization also follow the rel	butta	able presumption procedure describ	ed in Regulations	۵		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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. Section A. line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 DR TORI HARING-SMITH PRESIDENT	(i)	314,989	0	40,021	110,576	35,048	500,634	0
	(ii)	0	0	0	0	0	0	0
2 DENNIS MCMASTER VP FOR BUSINESS & FINANCE	(i)	171,635	24,000	8,407	13,920	13,494	231,456	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL GRZESIAK VP FOR DEVELOPMENT	(i)	162,968	24,000	2,955	12,987	11,494	214,404	0
	(ii)	0	0	0	0	0	0	0
4 JOHN ZIMMERMAN VICE PRESIDENT AA	(i)	153,668	0	3,783	12,483	13,494	183,428	0
	(ii)	0	0	0	0	0	0	0
5 ROBERT GOULD VP OF ENROLLMENT	(i)	147,805	0	8,304	11,977	17,308	185,394	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015	Page <b>3</b>								
Part III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Return Reference	Explanation								
,	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE FOR THE COLLEGE'S CONVENIENCE AND TO ENABLE THE PRESIDENT TO CARRY OUT HER RESPONSIBILITIES, THE COLLEGE REQUIRES THE PRESIDENT TO LIVE IN THE PRESIDENT'S HOUSE, WHICH IS LOCATED ON THE COLLEGE CAMPUS, DURING HER TERM AS PRESIDENT CLUB MEMBERSHIPS IN ORDER THAT THE PRESIDENT MAY ENTERTAIN POTENTIAL DONORS AND OTHER BUSINESS ASSOCIATES OF THE COLLEGE, THE COLLEGE PAYS FOR MEMBERSHIP AT THE SOUTHPOINTE CLUB ALL PERSONAL CHARGES ARE THE PRESIDENT'S RESPONSIBILITY								

Schedule J (Form 990) 2015

MCMASTER \$24,000 GRZESIAK \$24,000

PART I, LINE 7

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.
►Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

**DLN: 93493122003467**OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

Internal Revenue Service
Name of the organization

Department of the Treasury

(Form 990)

WASHINGTON & JEFFERSON COLLEGE

25-0965601 **Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No WASHINGTON COUNTY 25-1437320 93859RAT4 03-22-2010 62,084,003 REFUNDING, CAPITAL Х Х PROJECTS INDUSTRIAL DEVELOPMENT AUTHORITY **Proceeds** Part II В C D Α 5,583,845 2 Total proceeds of issue 3 62,084,003 5 6 7 569.653 8 9 10 924,055 11 60,607,135 12 13 2010 Yes No Yes No Yes No Yes No

#### 

14

15

16

17

• •								l	
Par	t III Private Business Use								
			Δ.		В		С	ŗ	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х						

Х

Х

Х

Were the bonds issued as part of a current refunding issue? . . . .

Were the bonds issued as part of an advance refunding issue? . . . .

Does the organization maintain adequate books and records to support the final

Х

			A		В		С			D	
			Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private to of bond-financed property?	ousiness use		×							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final										
prope	, , , , , , , , , , , , , , , , , , ,	- E I								<u> </u>	
С	Are there any research agreements that may result in private business use financed property?	or bond-		x							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert										
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government.		0 %								
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5			0 %							
7	Does the bond issue meet the private security or payment test?			Х							
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?		х								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or c				•		•		•		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s										
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			х							
Par	IV Arbitrage										
		Α			В		С		D		
		Yes	No	Yes	No	Ye	es	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×								
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?		Х								
b	Exception to rebate?		Х								
С	No rebate due?		Х								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed										
3	Is the bond issue a variable rate issue?										
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х								
b					_						
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was the hedge terminated?										
				•		-	•				

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . . . . . Were any gross proceeds invested beyond an available temporary Х period? Has the organization established written procedures to monitor the requirements of section 148? . . . **Procedures To Undertake Corrective Action** Yes No No Yes No Yes Yes No Has the organization established written procedures to ensure

and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

that violations of federal tax requirements are timely identified

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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

## **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, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at DLN: 93493122003467 OMB No 1545-0047

Department of the

(Form 990 or 990-EZ)

reasury Itemal Revenue Se	www.irs.gov/form990.								Inspection		
Name of the or						Employe	er identification	on numb	er		
						25-096	5601				
			<b>s</b> (section 501(c)(3) red "Yes" on Form 99					 e 40b			
	ne of disqualified p		(b) Relationship b				cription of	(d) Corrected?			
				organization		tran	saction	Yes	No		
								<u> </u>			
	nmount of tax incu	irred by orga	nization managers or	disqualified pers		•	section  \$ ===================================				
<b>3</b> Enter the a	amount of tax, if a	ny, on line 2	, above, reimbursed by	the organizatio	n		<b>&gt;</b> \$				
Part II Lo	ans to and/o	r From In	terested Persons								
Со	mplete if the orga	nization ans	wered "Yes" on Form 9 on Form 990, Part X,	990-EZ, Part V,	line 38a, or Fo	orm 990, Pai	rt IV, line 26,	or if the			
(a) Name of	(b) Relationship	(c) Purpose of	(d) Loan to	(e)O riginal principal	(f)Balance due	(g) In default?	(h) Approved	1	ritten ement?		
person	organization	loan	organization?	amount	uue	uelault	by board or	agree	ment		

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loan to or from the organization	е	(e)O riginal principal amount	<b>(f)</b> Balance due	<b>(g)</b> In default?		(h) Approved by board or committee?		(i)Writ agreem	
									Commi	ice		
			То	From			Yes	No	Yes	No	Yes	No
Total		<b>▶</b> \$	•					•	•	•	•	
Do IIII		B	dialog Tol	hawaatad D								

Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance
For Panerwork Reduction Act No	otice, see the Instructions for	Form 990 or 990-F7. Ca	t No. 500564	. I (Farm 000 as 000 E7) 2015

Page 2

Complete if the organization			1			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	of organiz	(e) Sharing of organization's revenues?	
				Yes	No	
(1) MARTHINSEN & SALVITTI INSURANCE GROUP	TRUSTEE OWNER	378,769	CURRENT TRUSTEE HAS OWNERSHIP INTEREST IN INSURANCE PROVIDER		Νo	
				-		
				+		
Part V Supplemental Informat Provide additional information		s on Schedule L (see ins	tructions)			
Return Reference	· ·	Explanat	,			

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

## **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

Department of the

▶Information about Schedule M (Form 990) and its instructions is at <u>www.irs.gov/form990</u>

DLN: 93493122003467 OMB No 1545-0047

2015

Open to Public Inspection

Treas	sury nal Revenue Service						Inspe	ectio	n
Nam	ie of the organization				Emplo	yer identificat	ion nu	mber	
WASI	HINGTON & JEFFERSON COLLEGE				25_00	965601			
Pa	rt I Types of Property				23-03	03001			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		<b>(d</b> Method of do oncash contrib	etermı		ts
	Art—Works of art				+-				
	Art—Historical treasures .				+-				
3	Art—Fractional interests				+-				
4	Books and publications Clothing and household				+				
3	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	X	19	3,953,080	) FMV				
10	,								
11	Securities—Partnership, LLC,								
12	or trust interests				+-				
	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other				<u> </u>				
18	Collectibles								
19	Food inventory				₩				
20	Drugs and medical supplies .				+				
	Taxidermy				+-				
22	Historical artifacts				+-				
23	Archeological artifacts				+				
	Other ► (	X	1	9,500	I FM V				
	RPSICHORD)	^	_	7,300					
	Other►( RTRAITS)	Х	2	2	2				
POC	Other►( DLTABLE)	X	1	1					
	O ther ▶ ()			<u> </u>	+-	Π			
29	Number of Forms 8283 received for which the organization comple				29			Yes	No.
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 thro	ough 28, that		103	-110
	it must hold for at least three ye	ears from th	e date of the initial contribu	ition, and which is not requ	ired to	be used			
	for exempt purposes for the enti					De abea			١
ь	If "Yes," describe the arrangem						30a		No
							,	\	١
31	Does the organization have a gi						31	Yes	
<b>32</b> a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	nonca:	sh • •	32a		No
	If "Yes," describe in Part II								
33	If the organization did not report describe in Part II	t an amount	t in column (c) for a type of	property for which column	(a) is c	hecked,			

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Also complete this	part for any additional information.
Return Reference	Explanation
DART LOCULIMAL (B)	THE NUMBER CHOWN IN COLUMN (D) REPRESENTS THE NUMBER OF CONTRIBUTIONS THE

PART I. COLUMN (B) |THE NUMBER SHOWN IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS THE COLLEGE RECEIVED FOR EACH TYPE OF PROPERTY FOR THE YEAR ENDED JUNE 30, 2016

PART I. LINE 33 GIFTS IN KIND THAT ARE LESS THAN \$10.000 ARE GENERALLY NOT REPORTED AS REVENUE. DUE TO LACK OF MATERIALITY

efile GRAPHIC pr	As Filed Data -	
SCHEDULE O	Supplementa	I Information
(Form 990 or 990-EZ)	Complete to provi	ide information for re

Department of the

Internal Revenue

Treasury

Service

ormation to Form 990 or 990-EZ

ormation for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No 1545-0047

DLN: 93493122003467

Name of the organization **Employer identification number** WASHINGTON & JEFFERSON COLLEGE 25-0965601

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL HAVE THE FULL POWER OF THE BOARD OF TRUSTEES AT ALL TIMES WHEN THE BOARD OF TRUSTEES IS NOT IN SESSION, EXCEPT FOR THE ELECTION OF THE TRUSTEES AND OFFICERS OF THE BOARD, THE AMENDMENT OR REPEAL OF THE COLLEGE CHARTER OR BY LAWS, OR ANY RESOLUTION OF THE BOARD, THE CREATION OR DISSOLUTION OF COMMITTEES OF THE BOARD, THE ELECTION AND TERMINATION OF THE PRESIDENT OF THE COLLEGE, THE AWARDING OF DEGREES AND TENURE, THE APPROVAL OF THE ANNUAL BUDGET AND COMPREHENSIVE FEE (TUITION, FEES, ROOM AND BOARD), THE ACCEPTANCE OF AUDITED STATEMENTS, THE APPROVAL OF DEBT AND INVESTMENT POLICIES, AND CHANGES TO THE COLLEGES MISSION STATEMENTS, PROVIDED, HOWEVER, THAT THE EXECUTIVE COMMITTEE MAY TAKE ANY SUCH EXCEPTED ACTION, OR ANY OTHER ACTION, IF AND TO THE EXTENT SPECIFICALLY AUTHORIZED BY A RESOLUTION OF THE BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE MAY AUTHORIZE, WITHIN ANY TWELVE-MONTH PERIOD, EXPENDITURES UP TO \$500,000 IN CONNECTION WITH THE DAY-TO-DAY OPERATION OF THE COLLEGE, PRESSING CIRCUMSTANCES AND FAVORABLE OPPORTUNITIES, PROVIDED THAT THE COMMITTEE (1) DULY CONSIDERS THE NATURE, IMPORTANCE AND COST OF THE PARTICULAR MATTER, THE IMPORTANCE OF TIMING, THE LENGTH OF TIME UNTIL THE NEXT BOARD MEETING, AND THE DESIRABILITY OF FULL BOARD APPROVAL, (2) OBTAINS THE APPROVAL OF THE CHAIRS OF ALL APPROPRIATE COMMITTEES, AND (3) DETERMINES THAT ANY SUCH EXPENDITURE IS
	FISCALLY PRUDENT AND CONSISTENT WITH THE MISSION OF THE COLLEGE

Return Reference	Explanation	
FORM 990, PART VI, SECTION B,	THE FORM 990 IS REVIEWED BY THE ASSOCIATE VP FOR BUSINESS AND THE CHIEF FINANCIAL OFFICER HIGHLIGHTS OF THE FORM ARE THEN REVIEWED WITH THE PRESIDENT OF THE COLLEGE THE FORM IS A VAILABLE TO THE BOARD	
LINE 11	ONLINE, FOR THEIR REVIEW, AND IS PRESENTED TO THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE	

Return Reference	Explanation
FORM 990,	THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE SENIOR STAFF OF THE COLLEGE AND BY LEGAL
PART VI,	COUNSEL ANNUAL DISCLOSURE STATEMENTS ARE SENT OUT TO BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES
SECTION B, LINE	TRUSTEES OR OFFICERS WHO HAVE DISCLOSED A CONFLICT OF INTEREST, OR WHO HAVE BEEN FOUND TO HAVE A
12C	CONFLICT OF INTEREST, SHALL REFRAIN AND BE ABSENT FROM CONSIDERATION OF RELATED MATTERS, EXCEPT TO
	THE EXTENT THAT THE BOARD REQUESTS INFORMATION OR INTERPRETATION IN NO EVENT SHALL THE TRUSTEE OR
	OFFICERS HAVE A RIGHT TO VOTE ON THE MATTER OR TO BE PRESENT AT THE TIME OF THE VOTE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	-CEO THE EMPLOYMENT CONTRACT UNDER WHICH THE PRESIDENT CURRENTLY SERVES, INCLUDED A SALARY/BENEFITS REVIEW PERFORMED BY AN UNRELATED THIRD PARTY, SOLENTURE, ON BEHALF OF THE BOARD OF TRUSTEES, AND THE CONTRACT WAS APPROVED BY AN INDEPENDENT BOARD THE PROCESS INCLUDED AN ANALYSIS OF COMPARABLE SALARY AND BENEFIT DATA THE BOARD APPROVAL WAS DOCUMENTED IN THE MINUTES -VP FOR BUSINESS AND FINANCE THE COLLEGE SUBCONTRACTED TO AN UNRELATED CONSULTANT GROUP, WITT KIEFFER, FOR A SALARY AND BENEFITS REVIEW, INCLUDING AN ANALYSIS OF COMPARABLE DATA, AND ASSISTANCE WITH THE HIRING PROCESS THE BOARD AND THE SENIOR STAFF ALSO PARTICIPATED IN THE PROCESS -THE COLLEGE USES AN INDEPENDENT CONSULTING FIRM, A COMMITTEE MADE UP OF INDEPENDENT BOARD MEMBERS, STAFF, FACULTY AND STUDENTS WHEN SEARCHING FOR A NEW VICE PRESIDENT OR ABOVE

Return Reference	Explanation
FORM 990, PART VI,	THE COLLEGE MAKES ITS GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
SECTION C, LINE 19	STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST, TY PICALLY VIA EMAIL

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 376,034

Return Reference	Explanation
FORM 990, PART XII,	THE AUDIT AND RISK MANAGEMENT COMMITTEE OF THE BOARD OF TRUSTEES MEETS TWO TIMES A YEAR WITH
QUESTION 2C,	THE COLLEGE'S EXTERNAL AUDITORS THE FIRST MEETING TAKES PLACE IN THE PRE AUDIT PLANNING PHASE,
OVERSIGHT OF	AND THE SECOND MEETING IS AFTER THE THE AUDIT FIELDWORK IS COMPLETED, TO REVIEW THE RESULTS WITH
FINANCIAL STATEMENT	THE AUDITORS THE COMMITTEE THEN VOTES TO A PPROVE THE RESULTS OF THE AUDITED FINANCIAL
AUDIT	STATEMENTS AND PRESENTS THE RESULTS TO THE FULL BOARD THIS PROCESS HAS NOT CHANGED FROM THE
	PRIOR YEAR.

Return Reference	Explanation
	THE FOLLOWING INDIVIDUALS SERVE AS EMERITUS TRUSTEES OF WASHINGTON & JEFFERSON COLLEGE WITH NO VOTING RIGHTS EDWINA W CAMERON, DR WALTER COOPER, DR JOHN R ECHEMENT, JOHN E FRAZIER II, M D , RICHARD Y HADDAD, DR JOSEPH A HARDY , SR , JAMES H KNEPSHIELD, M D , WILLIAM N MACARTNEY III, JOHN L S NORTHROP, RONALD V PELLEGRINI, M D , JAMES L PHILLIPS, M D , ANICA D RAWNSLEY , E RONALD SALVITTI, M D , RONALD P SANDMEY ER, SR , ROBERT H SHOOP, JR , ROBERT B SHUST, WILLIAM M STOUT, F LEO WRIGHT, ESQ

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

DLN: 93493122003467 OMB No 1545-0047

**Related Organizations and Unrelated Partnerships** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

**Employer identification number** 

25-0965601

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization WASHINGTON & JEFFERSON COLLEGE

(Form 990)

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) (f) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity 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. (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	, Part IV,	line 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)	r entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) Dispropitionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Code V-UBI amount in box 20 of Schedule K-1	Gene mana part	aging	<b>(k)</b> Percentage ownership
				3147			Yes	No		Yes	No		
											$\vdash$		
				-									
											$\vdash$		

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> Primary activity	(c) 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	(h) Percentage ownership	(i Section (b)( contro entit	n 512 13) olled ty?
CHARITABLE REMAINDER (1)UNITRUST (7)	PHILANTHROPY	PA	WASHINGTON & JEFFERSON COLLEGE						No
CHARITABLE REMAINDER (2)TRUST (3)	PHILANTHROPY	PA	WASHINGTON & JEFFERSON COLLEGE						No

chedule R (Form 990) 2015					Pag	ge <b>3</b>	
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		No	
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		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)							
f Dividends from related organization(s)				1f		No	
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		No	
<b>h</b> Purchase of assets from related organization(s)				1h		No	
i Exchange of assets with related organization(s)				1i		No	
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No	
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No	
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No	
• Sharing of paid employees with related organization(s)				10		No	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No	
r Other transfer of cash or property to related organization(s)				1r		No	
<b>s</b> Other transfer of cash or property from related organization(s)				1s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete				5			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining ar	mount II	nvolved		

#### 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 1	

