Form **990**

Return of Organization Exempt From Income Tax

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

2017

DLN: 93493135055269 OMB No 1545-0047

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Interna	al Reve	nue Service			•			Inspection
A F	or the	e 2017 c	alendar year, or tax year beginr	ning 07-01-2017 , and ending 06-	30-2018			
		pplicable	C Name of organization WASHINGTON COLLEGE			D Employ	er identif	ication number
		change				52-059:	1691	
	ime ch itial ret	-	% PENELOPE FARLEY CONTROLLER Doing business as					
		n/terminated	-					
☐ An	nendec	d return	Number and street (or P O box if ma	Il is not delivered to street address) Room/	suite	E Telephon	ie number	
□Ар	plication	on pending	300 Washington Ave			(410) 7	78-7224	
			City or town, state or province, count Chestertown, MD 216201197	ry, and ZIP or foreign postal code				
			·	-				86,422,699 ———————————————————————————————————
			F Name and address of principal Kurt M Landgraf President	officer	H(a) Is this		turn for	
			300 Washington Avenue		subor H(b) Are al	dinates? Il subordinat	·ec	□Yes ☑No
T To	v ovon	mpt status	Chestertown, MD 216201197		includ		.03	☐ Yes ☐No
<u>.</u> 1a	ix-exem	ript status	✓ 501(c)(3)	nsert no) 4947(a)(1) or 527	1	-		instructions)
J W	ebsit	te:► www	w washcoll edu		H(c) Group	exemption	number	•
			✓ Corporation ☐ Trust ☐ Assoc	. 🗆	L Year of forma	ation 1782	M State	of legal domicile
K Fori	m of or	rganization	▼ Corporation	lation Li Other P			MD	
Pa	rt I	Sumi	mary		1			
			scribe the organization's mission or		INCICUE IMAGE	NATION ET	UITCAL C	ENCITIVITY AND TO
e e			HE CULTURAL AND INTELLECTUAL	OF ANALYTIC THOUGHT, AESTHETIC I LIFE	INSIGHT, IMAGI	NATION, ET	HICAL S	ENSTITUTITY, AND TO
<u>⊋</u>	-							
Ě	[
Governance	,	Check thi	s hox >	ontinued its operations or disposed of	more than 25%	of its net a	ssets	
				body (Part VI, line 1a)			3	34
~ Se	4	Number o	of independent voting members of t	the governing body (Part VI, line 1b)			4	33
Ĕ	5	Total num	nber of individuals employed in cale	endar year 2017 (Part V, line 2a) .			5	1,656
Activities &	6	Total num	nber of volunteers (estimate if nece	essary)			6	79
Q.	7a	Total unre	elated business revenue from Part	VIII, column (C), line 12		•	7a	-100,564
	b	Net unrel	ated business taxable income from	Form 990-T, line 34	<u> </u>		7b	-131,827
					Pri	or Year		Current Year
<u>a</u> i	1	Contribut	007	24,110,148				
Ravenue	1	-	service revenue (Part VIII, line 2g)		79,292,4		79,797,612	
Ę.	1		ent income (Part VIII, column (A), I	•		7,020,8		8,332,509
	1		venue (Part VIII, column (A), lines !			2,567,6		1,516,257
	_			t equal Part VIII, column (A), line 12)		109,764,8		113,756,526
	1		nd similar amounts paid (Part IX, co			28,706,4		31,472,952
	1	•	paid to or for members (Part IX, co	iumn (A), line 4) lefits (Part IX, column (A), lines 5–10)		27.644	700	30 166 934
Ses	1	•		, , , , , , , , , , , , , , , , , , , ,		37,644,7	0	38,166,824
Expenses	l .		inal fundraising fees (Part IX, colum				4	21,852
Ä	1		aising expenses (Part IX, column (D), lin penses (Part IX, column (A), lines 1	· 		32,346,8	347	34,662,868
	1		enses Add lines 13-17 (must equa	•		98,697,9		104,324,496
	1		less expenses Subtract line 18 from	• • • •		11,066,9	_	9,432,030
χ φ					Beginning	of Current Y		End of Year
N C								
Bal	20	Total asse	ets (Part X, line 16)			433,011,7	778	452,219,934
Net Assets or Fund Balances	1		ilities (Part X, line 26)			85,440,0	_	81,323,535
			s or fund balances Subtract line 2	1 from line 20		347,571,6	579	370,896,399
	rt III		ature Block	ned this return, including accompanyir	a schedules and	ctatement	and to	the hest of my
				Declaration of preparer (other than of				
any k	nowle	edge						
		*****	*		201	9-05-10		
Sign	1	Signati	ure of officer		Date	е		_
Here		LAURA	JOHNSON VP Finance					
			r print name and title					
			rınt/Type preparer's name Panıel Romano	Preparer's signature Daniel Romano	Date Che		PTIN P00504182	2
Paid		L.		Salie Remaile	self	-employed	2020410	<u>-</u>
	pare	₹! <u> </u>	irm's name ► GRANT THORNTON LLP irm's address ► 757 THIRD AVENUE 9TH	FLOOR		n's EIN ►	E00 0100	
Use	On	ıly ြ		LOOK	Pho	one no (212)!	299-0100	
			NEW YORK, NY 10017					
•			this return with the preparer show	· · · · · · · · · · · · · · · · · · ·			✓ Y	∕es □ No
For F	aper	work Red	duction Act Notice, see the sepa	rate instructions.	Cat No 1	.1282Y		Form 990 (2017)

orm	990 (2	2017)					Page 2
Par	3111	Statement	of Program Servic	e Accomplis	hments		
		Check if Sched	dule O contains a respo	nse or note to a	any line in this Part III		🗹
1	Briefly	y describe the o	rganization's mission		·		
WE S AND DIVE AEST EXCE AND AMPL	HARE 1 MORAL RSE, AI HETIC PTION THE CH E RESC	THESE VALUES I COURAGE WE ND MOTIVATED INSIGHT, ETHIO AL FACULTY ANI HESAPEAKE BAY DURCES AND OF	OF OUR FOUNDING PA OFFER ACADEMIC RIG INDIVIDUALS WE DE CAL SENSITIVITY, AND D STAFF COMPLEMENT , AND ENGAGEMENT W	TRON, GEORGE FOR AND SELF-D VELOP IN OUR S CIVIC RESPON A BROAD CURR VITH CULTURES	WASHINGTON INTEG DISCOVERY IN A SUPPO STUDENTS HABITS OF A SIBILITY UNHURRIED JICULUM OF STUDY A I AND COMMUNITIES LO	DISCOVER LIVES OF PURPOSE AI RITY, DETERMINATION, CURIOSI PRITIVE, RESIDENTIAL COMMUNITANALYTIC THOUGHT AND CLEAR CONVERSATION AND CLOSE COIDEAUTIFUL CAMPUS, READY ACCURING AROUND THE WORLSTHALLENGES WE PREPARE OUR SECTION OF THE COREST OUR SECTION O	TY, CIVILITY, LEADERSHIP, Y OF WELL-QUALIFIED, COMMUNICATION, NNECTIONS WITH AN ESS TO EXCITING CITIES D AFFORD OUR STUDENTS
2		ne organization i		nt program serv	vices during the year w	hich were not listed on	☐ Yes ☑ No
	•		se new services on Sch	nedule O			
3	servic	ces [?]	cease conducting, or m		changes in how it condi	ucts, any program	☐ Yes ☑ No
4	Section	on 501(c)(3) and		ns are required	to report the amount of	largest program services, as med of grants and allocations to others	
4a	(Code) (Expenses \$	89,656,081	ıncluding grants of \$	31,472,952) (Revenue \$	66,531,269)
Ta	•	dditional Data	/ (Expenses \$	05,050,001	including grants or \$	31,472,332) (Nevenue \$	
4b	(Code See Ad	dditional Data) (Expenses \$	0	ıncludıng grants of \$	0) (Revenue \$	13,522,951)
4c	(Code See Ad	dditional Data) (Expenses \$	440,372	ıncludıng grants of \$	0) (Revenue \$	1,150,424)
4d		r program servic enses \$	ces (Describe in Schedu incl	ıle O) udıng grants of	\$) (Revenue \$)

90,096,453

Total program service expenses ▶

4e

or X as applicable

Checklist of Required Schedules

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Page 3

Nο

Nο

Nο

No

Nο

Nο

No

Nο

Nο

Nο

Form **990** (2017)

4 5 6

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R

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11a

11b

11c

11d

11e

11f

12a

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14a

14b

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Yes Yes

Yes

Yes

Yes

Yes

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Yes

Yes

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Yes

Yes

Yes

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28a

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35a

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Yes

Yes

Yes

Form 990 (2017)

Yes

Yes

Yes

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Part IV	Checklist of Required Schedules (continued)		
		Vaa	NI.a

Yes Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Nο 20b

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

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

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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 If "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 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

instructions for applicable filing thresholds, conditions, and exceptions)

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,"

orm	990 (2017)			Page
Par	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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 445			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2ь	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	"No" respo	nse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	34		
	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	33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee?	er 2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct superv of officers, directors or trustees, or key employees to a management company or other person? .	ision 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		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	ore 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	- 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code	≘.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?	es, 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t form?	he 11a	Yes	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
С	conflicts?		Yes	
	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 independer persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	nt		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemstatus with respect to such arrangements?			
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or available for public inspection. Indicate how you made these available. Check all that apply	ıly)		
	$lacktriangledown$ Own website $\ lacktriangledown$ Another's website $\ lacktriangledown$ Upon request $\ lacktriangledown$ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	:		
20	State the name, address, and telephone number of the person who possesses the organization's books and records PENELOPE FARLEY CONTROLLER 515 WASHINGTON AVE Chestertown, MD 21620 (410) 778-7224			

orm 990 (2017) Page 7																
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,					
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>					
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees						
ear																
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-						
	of the organization's current key		•													
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the						
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-									
List all o organization	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	2					
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest						
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee						
week (list is both an officer and a any hours director/trustee) organization (W- organizations from the																
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	mployees with or within the organization's tax egardless of amount ie " ee or key employee) 00,000 from the iived more than \$100,000 ctor or trustee of the custors, or trustee (E) Reportable compensation from related organizations (F) Estimated amount of other compensation from the						
See Additiona	al Data Table															

Name and Title

Part VII

Adrıan L Merton Inc,

9011 East Hampton Drive CAPITOL HEIGHTS, MD 20743 Ayers Saint Gross Inc,

140 Hull Street Suite 100 BALTIMORE, MD 21230

compensation from the organization \blacktriangleright 26

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

	ivanie and Title	hours per week (list any hours	than o	one b	ox, u in off tor/ti	inles ficer rust	ss pers and a ee)	son	compens from torganization	ation he on (W-	from related organizations (compensation amount from related compe organizations (W-2/1099-MISC) organizations							
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-N	AISC)	2/1099-MISC	.)	organizat relat organiza	ed					
See A	Addıtıonal Data Table																		
												\dashv							
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												_							
	ub-Total						>												
	otal from continuation sheets to otal (add lines 1b and 1c)	•				•	▶		2,537	,649		0		327,409					
2	Total number of individuals (includir of reportable compensation from the	ng but not limited	to thos			bove	e) who	rece	eived more	than \$1	.00,000	_							
													Yes	No					
3	Did the organization list any forme l line 1a? <i>If "Yes," complete Schedule</i>						oyee,		ghest compe	ensated • •	employee on	3	Yes						
4	For any individual listed on line 1a, organization and related organization individual	ons greater than s	150,00	0? <i>If</i>	"Yes	," c	omplet	te Sc	hedule J for		n the								
5	Did any person listed on line 1a reconservices rendered to the organization	eive or accrue coi	npensa	tıon f	rom .	any	unrela	ated	organization			4	Yes						
So	ction B. Independent Contrac						. c p c.					5		No					
L	Complete this table for your five hig from the organization Report comp	hest compensate										mpen	nsation						
	· · · · · · · · · · · · · · · · · · ·	(A) e and business addre		,							(B) cription of services		(C Comper						
O Bo	vells Compass Group USA, x 417632 DN, MA 02241	e and business addiv	-33						Dın		agement			,328,635					
he W O Bo	hiting - Turner Contracting CO, x 17596 MORE, MD 21297								Cor	nstructio	n		2	,062,998					
oseph O Bo	n T Richardson Inc, x 269 INGTON, DE 19952								HV	AC contr	actor		1	,213,300					
	I Marken Inc								1.07	1C			 	766 704					

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

(C)

Position (do not check more

Average

(D)

Reportable

HVAC contractor

Architects

Reportable

766,784

590,171

Part '	VII											
		Check if Schedul	e O contains a	a respo	onse or note to any	(his Part VIII A) revenue	Re e	(B) lated or xempt inction	Unre bus	elated siness	(D) Revenue excluded from tax under sections
	1a	Federated campaigi	ns	1a				re	evenue			512-514
nts nts		• Membership dues		1b								
iral 10u		Fundraising events		1c								
S. C An		d Related organization		1d								
Giff		Government grants (co		1e	2,947,980							
ns,		All other contributions,	, gıfts, grants,	 	<u> </u>							
er S		and similar amounts no above	ot included	1f	21,162,168							
혈	ç	Noncash contribution	ons included									
nd of		in lines 1a-1f \$										
ج ت	<u>_h</u>	Total.Add lines 1a-1	.r	• •	 -		,110,148					
Ele.	٦.				Business	900099	63.0	40,345	62.040	245		
ev 4	_	TUITION AND FEES ROOM AND BOARD				900099		22,951	13,522			
e B		CONFERENCES & CATER	ING			532000		20,325	1,569	Unrelated business revenue excluded from tax under sections 512-514 0,345 2,951 9,421 50,904 3,991 -151,468 537,295 7,946,682 7,946,682		
ervi	d	AUXILIARY ENTERPRISE	S			900099	7	13,991	713	,991		
S	e											
grai	f	All other program se	rvice revenue									
δĞ	g.	Total. Add lines 2a-2f	·		▶ 79,7	97,612						
		Investment income (ir			interest, and other		385,82	7			-151 468	537 205
		imilar amounts) . Income from investme			ond proceeds ►			0			-131,400	
							-	0				
			(ı) Rea		(II) Personal							
Other Revenue Contributions, Giffs, Grants Program Service Revenue and Other Similar Amounts	6a	Gross rents		42,709								
	b	Less rental expenses		42,709		1						
						_						
	С	Rental income or (loss)		42,709	0	1						
	d	Net rental income of	r (loss)			1	42,70	9				42,709
			(ı) Securit	ies	(II) Other							
	7a	Gross amount from sales of	80,5	47,590	33,612							
		assets other than inventory										
	b	Less cost or	70.6		20.55	1						
		other basis and sales expenses	·	03,960	·	1						
		Gain or (loss)	·	43,630		1	7,946,68					7 946 682
		Net gain or (loss) . Gross income from fi		• ents	<u> </u>	1	7,340,00.					7,540,002
ne		(not including \$		of								
en l		contributions reporte See Part IV, line 18	ed on line 1c)	a	47,265							
Re	b	Less direct expenses	s	ь	31,653	1						
ler		Net income or (loss)		-	ents ▶		15,61	2				15,612
O#	9a	Gross income from g See Part IV, line 19	amıng actıvıtı	es								
				а	0							
		Less direct expenses		Ь	0							
		Net income or (loss) Gross sales of invent		activit	ies >	1		0				
	106	returns and allowand										
				a		-						
		Less cost of goods s		b]	ı	0				
	_	Net income or (loss) Miscellaneous		invent	Business Code							
	11	aBOOKSTORE			900099	1	133,14	4	133,144			
	b	GIS PROGRAM			900099		125,18	5	125,185			
	C	ATHLETIC PROGRAM	IS		900099		116,40	1	116,401			
		All other revenue .					1,083,20	5	1,083,206			
		Total. Add lines 11a			•		1,457,93	6				
	12	Total revenue. See	Instructions	• •	· · · · <u>*</u>		113,756,52	6	81,204,644		-100,564	
												Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all c	_	·	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX		(6)	<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	30,000,007	30,000,007		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1,472,945	1,472,945		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,091,953	1,098,829	1,178,599	814,525
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	26,373,031	23,416,922	1,903,052	1,053,057
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,666,948	1,348,491	205,851	112,606
9 Other employee benefits	4,996,596	4,042,508	595,529	358,559
10 Payroll taxes	2,038,296	1,709,796	212,566	115,934
11 Fees for services (non-employees)				
a Management	0			
b Legal	207,847	3,725	204,122	
c Accounting	108,470		108,470	
d Lobbying	2,370		2,370	
e Professional fundraising services See Part IV, line 17	21,852			21,852
f Investment management fees	1,113,752		1,113,752	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,307,461	4,260,087	786,504	260,870
12 Advertising and promotion	115,445	75,578	39,613	254
13 Office expenses	301,984	216,793	52,454	32,737
14 Information technology	0			
15 Royalties	0			
16 Occupancy	4,597,379	4,038,551	553,370	5,458
17 Travel	1,295,162	1,233,171	33,033	28,958
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •	0			
19 Conferences, conventions, and meetings	0			
20 Interest	2,656,695	2,656,695		
21 Payments to affiliates	0			

8,769,487

761,282

3,008,528

1,632,522

1,334,476

601,486

2,848,522

104,324,496

7,064,438

2,937,233

1,079,374

724,371

601,486

2,098,742

90,096,453

16,711

1,682,415

744,571

37,785

524,078

485,613

403,044

10,866,791

22,634

33,510

29,070

124,492

346,736

3,361,252

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22 Depreciation, depletion, and amortization

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

25 Total functional expenses. Add lines 1 through 24e 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)

23 Insurance . . .

a SUPPLIES

expenses on Schedule O)

b REPAIRS & MAINTENANCE

c MEALS & ENTERTAINMENT

e All other expenses

d BOOKS & RESEARCH SUPPLIES

2

3

Assets

Liabilities

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

41,112,033

7,764,841

1,077,120

80.507

1,482,130

172,870,746

157.413.053

70.419.504

452.219.934

7.029,595

988,752

66,849,945

0

0

0

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0

0

0

0

0

6.455.243

105.146.664

148.667.126

370,896,399

452.219.934

Form **990** (2017)

End of year

(A)

Beginning of year

0 1

0 5

0 6

83.886

685.451

169.208.342

150.516.759

67.333.448

510.473

433.011.778

5,634,347

1,663,144

69,395,000

2

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8,747,608

85,440,099

114.671.067

92.506.057

140.394.555

347,571,679

433.011.778

38.108.225

4,543,027

2,022,167

Page **11**

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

Cash-non-interest-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net . Loans and other receivables from current and former officers, directors,

275,414,465

102,543,719

trustees, key employees, and highest compensated employees Complete Part Loans and other receivables from other disqualified persons (as defined under contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

II of Schedule L section 4958(f)(1)), persons described in section 4958(c)(3)(B), and Part II of Schedule L

Notes and loans receivable, net . .

Inventories for sale or use .

Prepaid expenses and deferred charges .

10a basis Complete Part VI of Schedule D 10b Less accumulated depreciation

10a Land, buildings, and equipment cost or other Investments—publicly traded securities .

11 12 13

Intangible assets

Investments—other securities See Part IV, line 11 . . . Investments—program-related See Part IV, line 11 . Other assets See Part IV, line 11

14 15 16

Total assets.Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses

18 Grants payable . . .

Deferred revenue Tax-exempt bond liabilities

19 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,

key employees, highest compensated employees, and disqualified

persons Complete Part II of Schedule L .

22 23 24

Secured mortgages and notes payable to unrelated third parties . . .

and other liabilities not included on lines 17-24)

25 Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

81,323,535 117.082.609

5 5 6

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

Consolidated basis

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

Form 990 (2017)

separate basis, consolidated basis, or both

☐ Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

7

Page **12**

11,591,925

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2017)

8 Other changes in net assets or fund balances (explain in Schedule O) 9 2,300,765 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 370,896,399 **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII

Part XII Yes No ☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in

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

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 52-0591691

Name: WASHINGTON COLLEGE

Form 990 (2017)

Form 990, Part III, Line 4a:

WASHINGTON COLLEGE'S ACHIEVEMENTS INCLUDE SUCCEEDING AS AN INSTITUTION OF HIGHER EDUCATION PROMOTING HABITS OF ANALYTIC THOUGHT, AESTHETIC INSIGHT, IMAGINATION, ETHICAL SENSITIVITY AND CLARITY OF EXPRESSION WHILE SUCCESSFULLY GRADUATING STUDENTS AT A RATE OF 64% IN 4 YEARS THE COLLEGE ENDEAVORS TO PREPARE ITS GRADUATES FOR FURTHER EDUCATION AND PRODUCTIVE CAREERS WITH 40 MAJORS AND ACADEMIC PROGRAMS TO CHOOSE FROM, OVER 1.550 STUDENTS CAN DEVISE A COURSE OF STUDY THAT FITS THEIR INTELLECTUAL INTERESTS AND CAREER ASPIRATIONS. IN ADDITION TO TRADITIONAL

COLLEGE ENDEAVORS TO PREPARE ITS GRADUATES FOR FURTHER EDUCATION AND PRODUCTIVE CAREERS WITH 40 MAJORS AND ACADEMIC PROGRAMS TO CHOOSE FROM, OVER 1,550 STUDENTS CAN DEVISE A COURSE OF STUDY THAT FITS THEIR INTELLECTUAL INTERESTS AND CAREER ASPIRATIONS IN ADDITION TO TRADITIONAL FIELDS OF STUDY, THEY MAY CHOOSE AN AREA OF CONCENTRATION IN FIELDS SUCH AS BEHAVIORAL NEUROSCIENCE, CLINICAL PSYCHOLOGY OR EAST ASIAN STUDIES, AMONG OTHERS THE COLLEGE ALSO OFFERS PROFESSIONAL PREPARATION TRACKS IN PREMEDICAL STUDIES AND PRE-LAW, AS WELL AS DUAL DEGREE PROGRAMS IN ENGINEERING. NURSING AND PHARMACY

Form 990, Part III, Line 4b: WASHINGTON COLLEGE'S RESIDENTIAL LIFE PROGRAM PROVIDES STUDENTS WITH OPPORTUNITIES AND EXPERIENCES THAT HELP THEM TO DEVELOP RESPONSIBILITIES BOTH TO THEMSELVES AND TO THEIR FELLOW STUDENTS. IT ATTEMPTS TO PROVIDE A RELAXING AND CALM ATMOSPHERE FOR STUDY AND DAY-TO-DAY LIVING

OF SINGLE, DOUBLES OR TRIPLES IN EACH ROOM/UNIT HODSON HALL HOUSES THE DINING FACILITIES FOR WASHINGTON COLLEGE THE MAIN DINING HALL SEATS 500 ON TWO LEVELS STUDENTS, FACULTY AND STAFF FIND MADE-TO-ORDER MEALS ALONG WITH SELF-SERVE OPTIONS ALLOWING FOR A CUSTOMIZED DINING

EXPERIENCE STUDENTS CHOOSE FROM FIVE MEALS PLANS WITH ADDITIONAL OPTIONS FOR MEAL EQUIVALENCIES CASUAL DINING IS LOCATED ON THE FIRST FLOOR

INDEED, LIVING ON-CAMPUS IS TRULY THE "OTHER-HALF" OF A COLLEGE EDUCATION WITH APPROXIMATELY 27 DORMS TO CHOOSE FROM, STUDENTS HAVE CHOICES

OF THE COMMONS OPERATING UNTIL LATE EVENING, OPTIONS INCLUDE MONDO SUBS, MARTHA'S KITCHEN, AND THE CAMPUS COFFEE BAR, JAVA GEORGE

Form 990, Part III, Line 4c: WASHINGTON COLLEGE USES ITS FACILITIES DURING SUMMER MONTHS TO FACILITATE EDUCATIONAL EXPERIENCES FOR YOUNGER K-12 STUDENTS. THESE STUDENTS. ARE GIVEN AN OPPORTUNITY TO PARTICIPATE IN SUMMER CAMPS RANGING FROM SCIENCES. MATHEMATICS AND HANDS ON PROJECTS. THESE CAMPS LAST ANYWHERE

FROM FOUR DAYS TO THREE WEEKS AND ARE MANAGED BY OTHER OUTSIDE NONPROFIT ORGANIZATIONS

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

Lynn L Bergeson

Geoffrey M Rogers Sr

Patrick William Allender

Norris W Commodore Jr

Secretary

Treasurer

Member

Member

Member

Member

Member

Jayne Conroy

Thomas C Crouse Jr

Peter Van Dyke

		Institutional Trustee	10	Key employee	compensate	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
1 0									
	×		×				0	0	0
1 0	×		х				0	0	0
	×		х				0	0	0
	organizations below dotted line) 1 0 0 0 1 0 1 0	organizations below dotted line) 10 20 10 20 10 20 10 20 10 20 10 1	organizations below dotted line) 10 10 10 X 00 10 X X X	organizations below dotted line) To director To	organizations below dotted line) Institutional Trustee To x x x x x x x x x x x x x x x x x x x	organizations below dotted inector	organizations below dotted Institutional Trustee To a continuous trust	organizations below dotted line) In stitutional Trustee To mplayee To mplayee Or director X X X X X X X X X X X X X	organizations below dotted line) The structure of the st

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	1				,	,	·	1 /11 2/4000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
John G Eckenrode Member - End 5/31/18	1 0	×						0	0	0
Thomas H Gale Member	10	×						0	0	0
Stephen T Golding Member	10	×						0	0	0
Richard B Grieves Member	10	×						0	0	0
William Harvey	1 0									

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0 0 10

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Member

Nina Rodale Houghton

Member - end 11/5/17

Member - End 9/11/17

Kırk B Johnson

Marc Bunting

Richard Wheeler

Member

Member

Member

Margaret Goldstein Janney

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

Member

Member

Member

Bert Rein

Member

Member

Member

Member

Edward P Nordberg

Regis De Ramel

Dr Henry F Sears

Valerie Sheppard

Ralph Snyderman

	below dotted line)								organization	organizations	from the
	organizations below dotted		Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Rebecca Loree	1 0	×						0	0	0	
Member	0 0							0	3		
Thomas H Maddux Member	10	×						0	0	0	
William Miller	1 0										

0

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Rebecca Loree	1 0	x				0		
Member	0 0	^				· ·		
Thomas H Maddux	1 0	×			0	0		
Member	0 0	^				Ŭ		
William Miller	1 0	x			0	0		
Member	0 0	^			Ĭ	Ŭ		
Deborah Moxley Turner	1 0							

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

						,		(11, 2,4,000	(14) 2 (4 000	organization and	
	for related organizations below dotted line)		Institutional Trustee	Officer		Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	related organizations	
Daryl L Swanstrom Member	1 0	×						0	0	0	
John H Timken Member	1 0	х						0	0	0	
Donald C Tomasso Member	1 0	х						0	0	0	
Richard Wood III Member	1 0	X						0	0	0	
Albert JA Young	1 0	X						0	0	0	

21,622

27,012

22,379

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238,346

275,758

118,312

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Richard Wood III		
Member		
Albert JA Young		
Member		

Kurt Landgraf

Jim Lim

Member

Rahel Rosner

Victor Sensenia

Chief of Staff

Beth Kahn Leaman

Member - End 5/31/18

VP Fin & Admin - End 6/1/18

president/member as of 6/30/17

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer from the week (list from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

Assoc VP of Advancement

Director of Enviro Studies

Asst VP Finance & Controller

John L Seidel

Robert Cowdrey

Penelope L Farley

Valerie RiChard

Sheila Bair

Assoc VP of Facilities

President - end 6/30/17

CIO

	any nours	and a director/trustee)						organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Laura Johnson	55 0			×				0	0	0
VP Finance	0 0									
Patrice DiQuinzio Provost	55 0 0 0				×			158,477	0	21,482
Sarah Feyerherm	55 0				×			145,850	0	19,194
VP Student Affairs	0 0				^			145,030		15,154
Andrea Triscuizzi	55 0									

Х

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170,581

138,865

145,068

146,100

438,601

ol

0

0

35,516

36,795

23,441

21,363

10,542

16,501

56,829

	0								
Sarah Feyerherm	55 0								
·				l x l			145,850		
VP Student Affairs	0 0								
Andrea Triscuizzi	55 0								
Andrea miscaizzi				l x l			322,692		
VP of Advancement	0 0			^					
Scott Greatorex	55 0								
55512 515615151					¥		1/1 921		

0 0 55 0

0.0 55 0

0 0

......

......

and Independent Contractors (A)

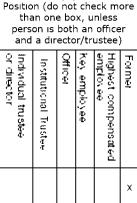
Name and Title

hours per week (list any hours for related organization below dotter line)
 55

(B)

Average

o ol



Institutio

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

than one box, unless person is both an officer and a director/trustee) employee

(D) Reportable compensation from the organization (W- 2/1099-MISC) 97,078

Reportable

compensation from related organizations (W- 2/1099-MISC)

(E)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

14,733

Joseph L Holt

Chief of Staff & VP Finance

Individual

efil	e GR/	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493135055269	
SCI	HED m 990	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3) d	organization o	ort	2017	
			▶ Inf	ormation abou	► Attach to Form	990 or Form 99	0-EZ.	uctions is at	Open to Public	
Interna	ıl Reven	the Treasury		Ji illation abot	•	ov/form990.	, and its mistru		Inspection	
		n e organiza N COLLEGE	tion					Employer identific	ation number	
Pa	rt I	Reason :	for Public	Charity State	us (All organization	s must comple	to this nart) 9	52-0591691		
					it is (For lines 1 thro			dee mistractions.	_	
1	П	A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).		
2	✓	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))			
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170	
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).		
7				mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the gener	al public described in	
8					170(b)(1)(A)(vi)	(Complete Part I	I)			
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a	
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (k implete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su		
11		An organiza	ation organize	ed and operated	dexclusively to test fo	r public safety S	ee section 509	(a)(4).		
12		more public	ly supported	organizations of	l exclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box	
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by		
b		Type II. A manageme	supporting o nt of the sup	rganızatıon sup porting organiza	ervised or controlled i					
С		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its	
d		Type III n functionally	on-function integrated	ally integrate The organization	d. A supporting organi n generally must satis t IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar		
e	П	Check this	box if the org	anızatıon receiv	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally	
f	Enta:			on-functionally l organizations	integrated supporting	organization				
g				-	ipported organization(e)		_	_	
		lame of supported organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga	(iv) Is the organization listed in your governing document? (see instructions)			
						Yes	No			
Take										
Tota		work Bodiio	tion Act Not	ice, see the Ir	estructions for	Cat No 11285	<u> </u>	 Schedule A (Form 9	20 200 F7) 2017	

14

15

Schedule A (Form 990 or 990-EZ) 2017

86 740 %

▶Ⅵ

▶□

0 %

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
	(or fiscal year beginning in) ▶	(47 - 2 - 2 - 2	(= / == :	(17, 1111	(-,	(-,	(17)			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	12,080,864	22,387,601	21,421,797	20,884,007	24,110,148	100,884,417			
2	Tax revenues levied for the									
	organization's benefit and either						0			
	paid to or expended on its behalf						U			
3	The value of services or facilities						_			
	furnished by a governmental unit to						0			
	the organization without charge	12,080,864	22 207 601	21 421 707	20.004.007	24 110 140	100 004 417			
4	Total. Add lines 1 through 3	12,080,804	22,387,601	21,421,797	20,884,007	24,110,148	100,884,417			
5	The portion of total contributions by each person (other than a									
	governmental unit or publicly									
	supported organization) included on						7,943,806			
	line 1 that exceeds 2% of the						.,,			
	amount shown on line 11, column									
	(f)									
6	Public support. Subtract line 5						92,940,611			
	from line 4						72,740,011			
	Section B. Total Support									
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total			
	(or fiscal year beginning in) ▶				` '					
7		12,080,864	22,387,601	21,421,797	20,884,007	24,110,148	100,884,417			
8	,									
	dividends, payments received on					E00.004				
	securities loans, rents, royalties and income from similar sources	1,271,961	1,373,468	449,869	445,022	580,004	4,120,324			
	and income from similar sources									
9	Net income from unrelated									
9	business activities, whether or not									
	the business is regularly carried on						0			
	,									
10										
	or loss from the sale of capital	681,949	1,337,604	49,736	27,524	47,265	2,144,078			
	assets (Explain in Part VI)									
11	10						107,148,819			
12	Gross receipts from related activities,	etc (see instructio	ns)			12	387,735,654			
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,									

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2016. 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

17a 10%-facts-and-circumstances test-2017. 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

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

b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 Schedule A, Part II, line 14

organization

instructions

supported organization

Р	Support Schedule for								
	(Complete only if you cl the organization fails to						er Part II. If		
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)			
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai		
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								
4	under section 513 Tax revenues levied for the								
-	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year								
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
S	from line 6) ection B. Total Support								
	Calendar year								
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
9									
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
ь	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975								
c	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is								
12	regularly carried on Other income Do not include gain or								
12	loss from the sale of capital assets								
	(Explain in Part VI)								
13	Total support. (Add lines 9, 10c,								
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization		
	check this box and stop here			,,	,		▶ □		
Se	ection C. Computation of Public S	Support Perce	ntage						
15	Public support percentage for 2017 (lin			column (f))		15			
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16			
Se	ction D. Computation of Investr	nent Income	Percentage						
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17			
18	Investment income percentage from 2016 Schedule A, Part III, line 17								
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not		
	more than 33 1/3%, check this box and s						ightharpoons		
	33 1/3% support tests—2016. If the						. —		
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons		
20	Private foundation. If the organization	-	-				ightharpoons		

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

provide detail in Part VI.

answer line 10b below

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

6

7

8

10a

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b 5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,					
	describe the designation If historic and continuing relationship, explain	1	İ			
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)					
	III Section 309(a)(1) or (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 :					
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 Part VI when and how the organization made the					
	determination 3					

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 Part VI when and how the organization made the determination						
	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 Part VI what controls the organization put in place to ensure such use						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked 12a or 12b in Part I, answer (b) and (c) below						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						

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 Part VI what controls the organization put in place to ensure such use					
		3с				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below					
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 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					
С						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and					

			, ,	
4a	4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
	Checked 12a of 12b in Part 1, answer (b) and (c) below			
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 by or in connection with its supported organizations	4b		
С	c 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	4c		
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		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to 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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Pa	rt IV Supporting Organizations (continued)		•	-9
	·		Yes	No
11	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		
b	A family member of a person described in (a) above?	11b		
	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		
	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 Part VI 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
-	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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 Part VI 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		l	
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
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 Part VI 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 Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and 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 (see	·	ctions)	
2	Activities Test Answer (a) and (b) below.		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	2 a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of 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 engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
	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	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Qualified set-aside amounts (prior IRS approval require				
Other distributions (describe in Part VI) See instructio	ns			
Total annual distributions. Add lines 1 through 6				
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions				
9 Distributable amount for 2017 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions) (i) (ii) (iii) Underdistributions Pre-2017 Amount for 2017				
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions	

details in Part VI) See instructions	sive (provide		
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Additional Data

Software ID: Software Version:

EIN: 52-0591691

Name: WASHINGTON COLLEGE

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for 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.

DLN: 93493135055269 OMB No 1545-0047

Cat No 52283D Schedule D (Form 990) 2017

Department of the Treasury

(Form 990)

tern	al Revenue Service	Information about Schedule D (For	m 990) and its in	struc	tions is at <u>www.i</u> .	rs.gov/form9	<u>90</u> . Ins	spection
	me of the organ					Employer i	dentification	number
WA:	SHINGTON COLLEGE	=				52-0591691		
Pa	rt I Organi	izations Maintaining Donor Advis	sed Funds or Ot	her :	Similar Funds o	<u> </u>		
		ete if the organization answered "Ye	s" on Form 990,	Part 1	IV, line 6.			
			(a) Donoi	advis	sed funds	(b)Fun	ds and other a	accounts
L	Total number at	<i>'</i>						
2		of contributions to (during year)						
3	Aggregate value	of grants from (during year)						
1	Aggregate value	at end of year						
5		ation inform all donors and donor advisor property, subject to the organization's ex-			ets held in donor ad	lvised funds ar		Yes 🗌 No
5		ation inform all grantees, donors, and do oses and not for the benefit of the donor					ermissible	Yes 🗌 No
Pa	rt III Consei	rvation Easements. Complete If th	e organızatıon aı	ısweı	ed "Yes" on Forr	n 990, Part I	V, line 7.	
L	Purpose(s) of co	onservation easements held by the orgar	nization (check all t	hat ap	ply)			
	Preservati	on of land for public use (e g , recreation	or education)	✓	Preservation of an	historically im	portant land a	area
	☐ Protection	of natural habitat		✓	Preservation of a	certified histori	c structure	
	Preservati	on of open space						
2		2a through 2d if the organization held a lee last day of the tax year	qualified conservati	on co	ntribution in the for		vation at the End o	f the Very
а		conservation easements				2a	at the End 0	15
b		estricted by conservation easements				2b		4 00
c	•	ervation easements on a certified historic	structure included	ın (a	1	2c		8
d		ervation easements included in (c) acqui		•		2d		4
_		in the National Register						
3	Number of cons tax year ►	servation easements modified, transferre	d, released, extingu	ushed	, or terminated by	the organization	on during the	
1	Number of state	es where property subject to conservatio	n easement is locat	ed ►		1		
5		ızatıon have a wrıtten policy regardıng th nt of the conservation easements it holds		ng, in	spection, handling	of violations,	☑ Yes	□ No
5	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of vi	olation	ns, and enforcing co	onservation ea	sements durin	g the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violatio	ns, ar	d enforcing conser	vation easeme	nts during the	year :
3	Does each cons and section 170	vervation easement reported on line $2(d)$ $O(h)(4)(B)(II)$?	above satisfy the r	equire	ments of section 1	70(h)(4)(B)(ı)	☑ Yes	□ No
•	balance sheet, a	scribe how the organization reports consi and include, if applicable, the text of the n's accounting for conservation easement	footnote to the org					
ar		izations Maintaining Collections ete if the organization answered "Ye				er Similar A	\ssets.	
La	art, historical tr	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, e	ducatı	on, or research in f			
b	historical treasu	ion elected, as permitted under SFAS 11 ures, or other similar assets held for publ nts relating to these items						
((i) Revenue includ	ded on Form 990, Part VIII, line 1				▶ \$_		
(i	ii)Assets ıncluded	l ın Form 990, Part X				▶ \$_		
2		ion received or held works of art, historic nts required to be reported under SFAS 1				ncıal gaın, pro		_
а	Revenue include	ed on Form 990, Part VIII, line 1				▶ \$_		
b	Assets included	ın Form 990, Part X				▶ \$		

श्वा	3 * * *	Organizations Ma	aintaining Col	lections of A	irt, Histor	ical Tre	easures, o	r Other	Similar As	isets (conti	nued)	
3		the organization's acq (check all that apply)	uisition, accessior	n, and other rec	ords, check	any of tl	ne following	that are a	sıgnıfıcant u	se of its coll	ection	
а	\checkmark	Public exhibition			d		Loan or exch	nange prog	rams			
b	✓	Scholarly research			e		Other					
c		Preservation for future	e generations									
4	Provid Part X	de a description of the	organızatıon's col	lections and ex	plain how the	ey furthe	er the organ	ızatıon's ex	empt purpo	se in		
5		g the year, did the org s to be sold to raise fur							ılar	☐ Yes	☑ N	o
Par	t IV	Escrow and Cust Complete if the or X, line 21.			n Form 990), Part I	V, line 9, d	or reporte	d an amou	nt on Form	1 990,	Part
1a		organization an agent led on Form 990, Part I		an or other inte	rmediary for	contrib	utions or oth	ner assets i	not	☐ Yes	□ N	o
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete	the following	table			A	mount		_
С		ning balance		'	_			1c				_
d	_	ons during the year						1d				_
е		butions during the year	r					1e				_
f		g balance						1f				_
2a		ne organization include	an amount on Fo	rm 990, Part X	, line 21, for	escrow	or custodial	account lia	bility?	☐ Yes	□_N	— О
b	If "Ye	s," explain the arrange			· · · · · · · · · · · · · · · · · · ·		•					
Pai	rt V	Endowment Fund	ds. Complete ıf	the organizat	tion answe	red "Ye:	s" on Form	990, Par	t IV, line 1	0.		
_	_			(a)Current ye		rior year		years back	(d)Three yea		our year	
	=	ing of year balance .		217,575		198,135,	_	204,240,520		581,397		183,193
		outions		8,253	·	9,559,		11,635,309		952,730		161,707
		estment earnings, gair	ns, and losses	18,765	<u> </u>	20,228,		-7,682,919		130,615		903,405
		or scholarships	•	7,610	0,194	5,815,	564	5,771,738	4,	553,576	5,:	207,371
		expenditures for facilitie ograms	es	4,830),024	4,532,	100	4,285,752	4,:	870,646	3,	459,537
f.	Admını	strative expenses .										
g	End of	year balance		232,154	1,292	217,575,	352 1	198,135,420	204,.	240,520	204,	581,397
2 a b c	Board Perma Temp The p	de the estimated perce I designated or quasi-e anent endowment orarily restricted endowercentages on lines 2a arere endowment funds	ndowment ► 64 000 % wment ► 32 6 , 2b, and 2c shou	3 400 % 600 % Id equal 100%	·				r tha			
Ja		ization by	not in the posses	sion of the orga	anizacion cha	t are riei	u anu aunin	listered for	tile		Yes	No
	(i) un	related organizations								3a(i)		No
	. ,	elated organizations .								3a(ii)		No
b		s" on 3a(11), are the re	-							3b		
4		ibe in Part XIII the inte			endowment	funds						
Par	t VI	Land, Buildings,) Dest	37 1	. C	000		_	
	Docern	Complete If the or ption of property	ganization answ (a) Cost or oth		n Form 990 Cost or other			cumulated d			ook valu	Δ
	Descri	ption of property	(investme		, cost or other	DB313 (OC	(c) Ac	cumulateu u	epreciation	(4)	JOK Valu	c
4 -						20.000	946				2.0	066 046
	Land					20,866			02 272 640			,866,846
	Building	-				215,755	1,032		82,273,648		133	,482,204
		old improvements				27.00	, 070		20 270 071			
		nent				27,897			20,270,071			,627,799
e	Other					10,893	i,897				10	,893,897

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

172,870,746

Part VII Investments—Other Securities. Complete	f the organization answere	Pi d "Yes" on Form 990. Part IV. line 11b.
See Form 990, Part X, line 12.		(c) Method of valuation
(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		
3) Other	45 367 107	F
A) HEDGE FUNDS	45,367,197	
B) LIMITED PARTNERSHIPS	16,480,818	F
C) REAL ESTATE D)	8,571,490	F
E)		
F)		
G)		
H)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶ 70,419,505	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' o	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation
1)		Cost or end-of-year market value
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. Complete if the organization answer		, line 11d See Form 990, Part X, line 15
(a) Descrip	otion	(b) Book value
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)		
Part X Other Liabilities. Complete if the organization		
See Form 990, Part X, line 25. (a) Description of liability	(b) Book	value
1) Federal income taxes		0
NTEREST RATE SWAP		5,223,490
UNDS HELD FOR OTHERS		665,461
NNUITIES PAYABLE 4)		566,292
5)		
6)		
7)		
8)		
9)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	6,455,243
2. Liability for uncertain tax positions In Part XIII, provide the texpressions and result of the texpressions and results for uncertain tax positions under FIN 48 (AS	-	•

Part XI

2

а

b

b

c

Part XII

5

1

2

c

d

е 3

4

Schedule D (Form 990) 2017

Page 4

d 2d -29,172,188 e 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Net unrealized gains (losses) on investments

Donated services and use of facilities

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Return Reference

4a 1,113,752 4b 75,782

11,591,925

15,972

2e

3

2a

2b

2c

2a 2b

2c

2d

Explanation

2e -17,580,263 3 112,566,992 4c 1,189,534 113,756,526 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Schedule D (Form 990) 2017

71,662,009

15,972

71,646,037

Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 1,113,752 4b 31,564,707 b 4c 32,678,459 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 104.324.496

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Part XIII **Supplemental Information**

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

See Additional Data Table

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Page 5	chedule D (Form 990) 2017		
	ormation <i>(continued)</i>	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

EIN: 52-0591691

Name: WASHINGTON COLLEGE

Supplemental Information Return Reference

Explanation

CONSERVATION EASEMENTS

Schedule D, Part II, Line 9 WASHINGTON COLLEGE HAS NOT REPORTED EASEMENTS IN THE FINANCIAL STATEMENTS TWO BUILDINGS WERE PURCHASED AND BOOKED AT COST AND THESE HAVE WRITTEN EASEME

NTS ON THEM NINE BUILDINGS FALL WITHIN THE CHESTERTOWN, MARYLAND HISTORIC DISTRICT, WHICH REGULATES THEIR EXTERIOR APPEARANCE EIGHT OF THESE BUILDINGS ARE DEEMED HISTORICAL BY THE STATE OF MARYLAND AND EXTERIORS MUST BE APPROVED FOR MODIFICATIONS HYNSON RINGGOLD HOUS

E EASEMENTS INCLUDES THE INTERIOR MOLDINGS HYNSON RINGGOLD AND CUSTOM HOUSE(S)

EASEMENTS
INCLUDE THE INTERIORS

applemental Information					
Return Reference	Explanation				
DESCRIPTION OF ORGANIZATION'S COLLECTIONS	Schedule D, Part III, Line 4 WASHINGTON COLLEGE HOLDS A SIGNIFICANT PLACE IN THE HISTORY O F AMERICAN HIGHER EDUCATION OUR HERITAGE AS THE FIRST COLLEGE OF THE NEW NATION LIVES TOD AY IN OUR COMMITMENT TO EDUCATING CONFIDENT CITIZENS AND LEADERS CAPABLE OF ADVANCING THE DEMOCRATIC AND CIVIC TRADITIONS OF THE FOUNDING FATHERS THE COLLEGE HAS NUMEROUS WORKS OF ART, MUSIC AND HISTORY THAT ARE USED OR VIEWED DAILY IN OUR COMMITMENT TO EDUCATION				

Supplemental Information

Supplemental Information	
Return Reference	Explanation
INTENDED USES OF ENDOWMENT FUNDS	Schedule D, Part V, Line 4 THE ENDOWMENT FUND OF WASHINGTON COLLEGE IS INVESTED TO PROVIDE AN ANNUAL 5% (3 YR ROLLING AVERAGE) RETURN TO BE USED FOR SCHOLARSHIPS, BUILDING MAINTENA NCE, PROGRAM ENHANCEMENTS, CHAIR SALARY SUPPLEMENTS, ATHLETIC SUPPORT, BOOKS, AND EDUCATIO NAL PRIZES

_ _ _

Supplemental Information	
Return Reference	Explanation
FIN 48 FOOTNOTE (ASC 740)	SCHEDULE D, PART X, LINE 2 UNDER PROVISIONS OF THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND APPLICABLE INCOME TAX REGULATIONS OF THE STATE OF MARYLAND, THE COLLEGE IS EXEMPT FRO M TAXES ON INCOME, OTHER THAN UNRELATED BUSINESS INCOME THE COLLEGE RECOGNIZES OR DERECOG NIZES A TAX POSITION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITION S TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE COLLEGE DOES NOT BELIEVE ITS FINANCIA L STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS

Supplemental Information								
Return Reference	Explanation							
Supplemental Description - Other	Schedule D, Part XI, line 2d Change in value of split-interest agreements \$28,740 Change in FMV of Interest Rate Swap \$2,272,025 Grants, Scholarships, and Other Tuition discounts (\$31,472,953) Total (\$29,172,188) Schedule D, Part XI, line 4b Reclass of special event expenses (\$15,972) Bad Debt Offset Against income \$58,861 SEOG Match Offset \$32,8 93 Total \$75,782 Schedule D, Part XII, line 2d Reclass of special event expens es \$15,972 Schedule D, Part XII, line 4b Grants, scholarships, and other tuition discounts \$31,472,953 Bad Debt Offset Against Income \$58,861 SEOG Match Offset \$32,893							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135055269 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** WASHINGTON COLLEGE 52-0591691 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? 1 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? 2 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? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

Schedule E (Form 990 or 990EZ) (2017) Page 2							
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						
PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY	Schedule E, Part I, Line 3 THE RACIALLY NONDISCRIMINATORY POLICY IS PROVIDED IN THE STUDENT HANDBOOK, THE FACULTY HANDBOOK, THE STAFF HANDBOOK, THE COLLEGE CATALOG, AND ON THE COLLEGE'S WEBSITE						
GOVERNMENT ASSISTANCE	Schedule E, Part I, Line 6a The college receives annual grants from federal, state and local agencies						

Schedule E (Form 990 or 990-EZ) (2017)

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data	ata - DLN: 934931350552				
SCHEDULE F (Form 990)	Statement of	of Activities Outside the United States					
(1 01111 330)	► Complete If the orga		Yes" to Form 990, Part IV, I to Form 990.	2017			
Department of the Treasury Internal Revenue Service	Open to Public Inspection						
Name of the organization				Employer ide	ntification number		
WASHINGTON COLLEGE				52-0591691			
	ormation on Activitient IV, line 14b.	es Outside the U	Jnited States. Comple	te if the organization	answered "Yes" to		
-	-		substantiate the amount stance, and the selection	_			
to award the grants o	or assistance?				☑ Yes ☐ No		
2 For grantmakers. Doutside the United St		ganızatıon's proce	dures for monitoring the	use of its grants and o	ther assistance		
3 Activites per Region (The following Part I, line 3	3 table can be dupli	cated if additional space is	needed)			
(a) Region	(b) Number o offices in the region			(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region		
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continuation Part I	sheets to				1,472,945		
c Totals (add lines 3a an		ons for Form 990	Ca+	No 50082W Sched i	1,472,945 ule F (Form 990) 2017		

(1)				
(2)				
(3)				

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2017

(16) (17) (18) Page **3**

Schedule F (Form 990) 2017

Part III can be o	duplicated if addition	<u>onal space is n</u>	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							

(4)				
(5)				
(6)				
(7)				
(8)				

(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(12)	<u> </u>	, and the second	, and the second	, and the second	· ·	

(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

Sche	dule F (Form 990) 2017		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	☐Yes	✓ No
	Schedul	e F (Form 9	990) 2017

Schedule F (Form 990) 2017 Page 5 Part V **Supplemental Information** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II. line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). Return Reference **Explanation** PROCEDURE Schedule F. Part I. Line 2 WASHINGTON COLLEGE AWARDED \$31,472,952 IN SCHOLARSHIPS FOR 6/30/18 WASHINGTON COLLEGE OFFERS SEVERAL TYPES OF FINANCIAL AID TO HELP QUALIFIED FULL-TIME FOR MONITORING UNDERGRADUATE STUDENTS MEET THEIR COLLEGE EXPENSES. COLLEGE-SPONSORED TUITION. USE OF GRANT SCHOLARSHIPS, TUITION GRANTS, AND WORK/STUDY ARE AVAILABLE TO FULL-TIME UNDERGRADUATE **FUNDS OUTSIDE** STUDENTS WHO DEMONSTRATE FINANCIAL NEED AND WHO MEET THE COLLEGE'S ADMISSION CRITERIA IN U.S ADDITION TO COLLEGE-SPONSORED FINANCIAL AID. ELIGIBLE STUDENTS CAN RECEIVE ASSISTANCE FROM

FEDERAL. STATE. AND INDEPENDENT AID PROGRAMS. GRANT AND SCHOLARSHIP ASSISTANCE FROM ALL SOURCES IS FIRST APPLIED TO FULL-TIME TUITION CHARGES. GRANT AND SCHOLARSHIP ASSISTANCE IN EXCESS OF TUITION IS THEN APPLIED TO DIRECT COLLEGE CHARGES FOR FEES, AND ON CAMPUS ROOM AND

BOARD, THE FEDERAL GOVERNMENT MAKES FFELP FUNDS AVAILABLE TO UNDERGRADUATE STUDENTS TO ATTEND POST-SECONDARY INSTITUTIONS ELIGIBILITY IS BASED ON FINANCIAL NEED. AND APPLICATION IS

THROUGH THE NORMAL FINANCIAL AID APPLICATION PROCESS OF WASHINGTON COLLEGE

Additional Data

East Asia and the Pacific

Software ID: Software Version:

EIN: 52-0591691

Name: WASHINGTON COLLEGE

438,408

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				
Europe (Including Iceland and Greenland)			Grantmakıng		287,387				

Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Middle East and North Africa 184.480 l Grantmakına South America Grantmakıng 253,792

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South Asia 266.574 l Grantmakına North America Grantmakıng 42,304

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or i (b) Region (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of (c)Number assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Grants and 287.387 acct credit |Europe Scholarships (Includina Iceland and Greenland) Grants and 31 438.408 acct credit East Asia and Scholarships the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Grants and 184,480 acct credit Middle East Scholarships land North Africa 253.792 acct credit Grants and South America Scholarships

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 266.574 acct credit Grants and 13 South Asia Scholarships Grants and 42.304 acct credit North America Scholarships

DLN: 93493135055269 OMB No 1545-0047 **SCHEDULE G Supplemental Information Regarding** (Form 990 or 990-EZ) 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 Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization WASHINGTON COLLEGE **Employer identification number**

Open to Public Inspection

٧A	ISHINGTON COLLEGE					52-05	91691	
P	Fundraising Activ	•	_		answered "Yes" on Fo	orm 990, Part I'	V, line 1	7.
1	Indicate whether the organiz	ation raised funds th	rough an	y of the f	ollowing activities Check	all that apply		
а	Mail solicitations			e	Solicitation of nor	ı-government gra	nts	
b	☑ Internet and email solicit	ations		f	Solicitation of gov	ernment grants		
c	Phone solicitations		g events					
d	✓ In-person solicitations							
2a	or key employees listed in Fo	orm 990, Part VII) or	entity in	connection	on with professional fund	raising services?	✓ Ye	s 🗆 No
b	to be compensated at least \$			ilui aisei s	pursuant to agreements	s under winch the	Turiuraise	51 15
i)	or entity (fundraiser) fundraiser have from activity (or custody or control of contributions?						aid to by) ed in	(vi) Amount paid to (or retained by) organization
_	FAR	M = .l = = = d == II =	Yes	No				
1	EAB PO Box 603519	Mailings and calls		No	60,760		21,852	38,90
2	Charlotte, NC 28260							
_								
3								
4								
5								
ر								
6								
7								
8								
9								
LO								
ot	tal	I	1		60,760		21,852	38,90
3	List all states in which the orgalicensing	inization is registered	or licens	sed to sol	ıcıt contributions or has t	peen notified it is	exempt fr	rom registration or

Part II Fundraising Events. 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) Event #2 (c)Other events (d) Total events Men's B-ball Women's Sball (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 12,425 11,597 23,243 47,265 2 Less Contributions. 3 Gross income (line 1 minus 12,425 11,597 23,243 47,265 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 32 31,621 31,653 **10** Direct expense summary Add lines 4 through 9 in column (d) 31,653 11 Net income summary Subtract line 10 from line 3, column (d) . . . 15,612 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3				
11	Does the organization conduct gaming	activities with nonmembers?			□Yes	□No					
12	Is the organization a grantor, beneficia formed to administer charitable gaming		per of a partnership or other entity		□Yes						
13	Indicate the percentage of gaming activ	vity conducted in									
а	The organization's facility			13a			%				
b	An outside facility			13b			%				
L4	Enter the name and address of the pers	son who prepares the organizatio	n's gaming/special events books and r	ecords							
	Name ►										
	Address ►										
	Does the organization have a contract virevenue?	. ,			□Yes	□No					
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by			he							
С	If "Yes," enter name and address of the	e third party									
	Name ►										
	Address ▶										
.6	Gaming manager information										
	Name ▶										
	Gaming manager compensation ▶ \$										
	Description of services provided ▶										
	☐ Director/officer	☐ Employee	☐ Independent contractor								
.7	Mandatory distributions										
а	Is the organization required under state retain the state gaming license?	e law to make charitable distribut	ions from the gaming proceeds to		□Yes	Пио					
b	Enter the amount of distributions required in the organization's own exempt activities.		other exempt organizations or spent			0					
Par	t IV Supplemental Informatio	n. Provide the explanations i	equired by Part I, line 2b, columre. Also provide any additional info				 s).				
	Return Reference		Explanation								

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493135055269 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** WASHINGTON COLLEGE 52-0591691 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of organization (if applicable) (book, FMV, appraisal, noncash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Explanation

Schedule I (Form 990) 2017

(3)

(4)

(5)

(6)

(7)

U S

Part IV

Return Reference

PROCEDURE FOR MONITORING

USE OF GRANT FUNDS INSIDE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

NEED, AND APPLICATION IS THROUGH THE NORMAL FINANCIAL AID APPLICATION PROCESS OF WASHINGTON COLLEGE

Schedule I, Part I, Line 2 WASHINGTON COLLEGE AWARDED \$31,472,952 IN SCHOLARSHIPS FOR 6/30/18 WASHINGTON COLLEGE OFFERS SEVERAL TYPES OF FINANCIAL AID TO HELP OUALIFIED FULL-TIME UNDERGRADUATE STUDENTS MEET THEIR COLLEGE EXPENSES COLLEGE-SPONSORED TUITION SCHOLARSHIPS.

TUITION GRANTS. AND WORK/STUDY ARE AVAILABLE TO FULL-TIME UNDERGRADUATE STUDENTS WHO DEMONSTRATE FINANCIAL NEED AND WHO MEET THE COLLEGE'S ADMISSION CRITERIA. IN ADDITION TO COLLEGE-SPONSORED FINANCIAL AID, ELIGIBLE STUDENTS CAN RECEIVE ASSISTANCE FROM FEDERAL, STATE AND INDEPENDENT AID PROGRAMS. GRANT AND SCHOLARSHIP ASSISTANCE FROM ALL SOURCES IS FIRST APPLIED TO FULL-TIME TUITION CHARGES. GRANT AND SCHOLARSHIP ASSISTANCE IN EXCESS OF TUITION IS THEN APPLIED TO DIRECT COLLEGE CHARGES FOR FEES, AND ON CAMPUS ROOM AND BOARD. THE FEDERAL GOVERNMENT MAKES FFELP FUNDS AVAILABLE TO UNDERGRADUATE STUDENTS TO ATTEND POST-SECONDARY INSTITUTIONS. ELIGIBILITY IS BASED ON FINANCIAL

Schedule I (Form 990) 2017

Page 2

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9313	5055	269	
Sch	nedule J	C	ompensati	ion Information	ОМ	B No	1545-0	0047	
(Fori	m 990)	► Complete if the ore	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.						
•	tment of the Treasury al Revenue Service	▶ Information a		(Form 990) and its instructions is <i>gov/form990</i> .	at •		o Pul ectio		
Nar	ne of the organiz				mployer identificati				
WAS	SHINGTON COLLEGE			5	2-0591691				
Pa	rt I Questi	ons Regarding Compensa	ition	1-					
					_		Yes	No	
1a				the following to or for a person listed y relevant information regarding these					
		s or charter travel		Housing allowance or residence for pe	ersonal use				
		companions		Payments for business use of persona	l residence				
		nification and gross-up payment		Health or social club dues or initiation					
	Discretion	nary spending account	✓	Personal services (e g , maid, chauffe	ur, chef)				
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payme plete Part III to explain	nt or reimbursement	1 b	Yes		
2				or allowing expenses incurred by all	-3	2	Yes		
	directors, truste	ees, officers, including the CEO/	Executive Director	r, regarding the items checked in line 1	.a '				
3				d to establish the compensation of the					
				not check any boxes for methods CEO/Executive Director, but explain in	Part III				
		-							
		ation committee	□	Written employment contract					
		ent compensation consultant of other organizations	▽	Compensation survey or study Approval by the board or compensation	on committee				
	TOINI 990	or other organizations		Approval by the board of compensation	on committee				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the filir	ng organization or a				
а	Receive a sever	ance payment or change-of-cor	itrol payment?			4a	Yes		
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No	
С	•	r receive payment from, an equ		_		4c		No	
	If Yes to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part I	11				
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.					
5	For persons liste		on A, line 1a, did	the organization pay or accrue any					
а	The organization	n?				5a		No	
b	Any related orga					5b		No	
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any					
а	The organization	n?				6 a		No	
b	Any related orga					6b		No	
	· ·	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section Sescribed in lines 5 and 67 If "Ye		the organization provide any nonfixed rt III		7		No	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," des	cribe	8	Yes		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in Re	egulations section	9	Yes		
For I	Danerwork Bedi	uction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No 50	053T Schedule 1	(Form	990)	2017	

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 Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns compensation Compensation in

	deferred		did other	Bellettes	(0)(1)(0)	column (B)	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table							
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		1	Schedule J (Fo	orm 990) 2017

240111 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										
	Schedule J, Part I, line 1a HOUSING ALLOWANCE OR RESIDENCE THE PRESIDENT OF WASHINGTON COLLEGE IS PROVIDED HOUSING AS A CONDITION OF HIS/HER EMPLOYMENT A HOUSE IS PROVIDED ON CAMPUS FOR THE CONVENIENCE OF THE COLLEGE TO ENABLE THE PRESIDENT TO RESPOND TO EMERGENT SITUATIONS 24/7 TRAVEL FOR COMPANIONS THE PRESIDENT'S HUSBAND IS EXPECTED TO JOIN THE PRESIDENT ON BONA FIDE COLLEGE BUSINESS AND OTHER PURPOSES FOR THE BENEFIT TO THE BUSINESS AND WILL COVER THOSE QUALIFIED EXPENSES IN the rare times that this type of business trip is required TAX INDEMNIFICATION AND GROSS-UPS PAYMENTS CERTAIN OFFICERS OF WASHINGTON COLLEGE RECEIVE MINOR TAX GROSS-UP PAYMENTS, AMOUNTS OF WHICH ARE INCLUDED AS TAXABLE COMPENSATION AND DISCLOSED IN COLUMN B (III) HEALTH OR SOCIAL CLUB DUES TO THE EXTENT THAT THE PRESIDENT USES THE CLUB FOR PERSONAL PURPOSES, THE VALUE OF THE BENEFIT IS INCLUDED IN HIS/HER TAXABLE INCOME PERSONAL SERVICES									

Page 3

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Supplemental Information

THE PRESIDENT OF THE COLLEGE RECEIVED NOMINAL HOUSEKEEPING AND CHAUFFER SERVICES. THE PERSONAL SERVICES ARE PROVIDED AS A BUSINESS NEED HOUSEKEEPING SERVICES ARE FOR CLEANING THE COMMON AREAS USED FOR COLLEGE BUSINESS ONLY THE CHAUFFER SERVICES ARE PROVIDED ONLY DURING BUSINESS HOURS TO ALLOW THE PRESIDENT TO WORK ELECTRONICALLY WHILE TRAVELING, though Such instances are not common Severance

SCHEDULE J. PART I. LINE 4A During the year Washington College entered into a voluntary separation agreement with an employee listed on Part VII of Form 990 Due to the confidentiality agreement that was part of such separation we are unable to disclose the name of the employee. The amount paid was included in taxable

compensation

Schedule J, Part I, Line 8 The President for the organization has an employment contract which meets the initial contract requirements of Treas Reg 53 4958-4T(a) (3) Further, the organizations board took steps to ensure that it followed proper procedures to establish the rebuttable presumption of reasonableness on all

Initial Contract Exception compensation paid to him

3Patrice DiQuinzio

4Sarah Feyerherm

VP Student Affairs

5Andrea Triscuizzi

VP of Advancement

6Scott Greatorex

7John L Seidel

8Robert Cowdrey

9Penelope L Farley

10Valerie RiChard

11Kurt Landgraf

6/30/17

Assoc VP of Facilities

president/member as of

Asst VP Finance & Controller

CIO

Assoc VP of Advancement

Director of Enviro Studies

Provost

(1)

(1)

(1)

(II)

(1)

(1)

(1)

Software ID:

156,477

145,750

246,871

121,015

164,581

138,865

131,918

131,100

233,846

Software Version:

EIN: 52-0591691

Name: WASHINGTON COLLEGE

orm 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and I	lighest Compensate	d Employees
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable

20,000

15,000

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base 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
1Sheila Bair President - end 6/30/17	(1)	234,601	0	204,000	13,696	43,133	495,430	0
	(11)	<u> </u> o	0	o	0	o	0	0
1Joseph L Holt Chief of Staff & VP Finance	(1)	96,267	0	811	7,220	7,513	111,811	0
	(11)	<u> </u>	0	o	0	0		0
2 Rahel Rosner VP Fin & Admin - End	(1)	200,708	50,000	25,050	14,101	12,911	302,770	0
6/1/18	(11)	ı ol	ام	ام	o	,	0	0

2,000

100

55,821

20,906

6,000

13,150

4,500

11,736

10,931

18,515

9,076

12,344

10,335

9,894

9,833

17,539

179,959

165,044

358,208

178,716

194,022

160,228

155,610

162,601

259,968

9,746

8,263

17,001

27,719

11,097

11,028

648

6,668

4,083

efile G	RAPHIC print - DO NOT	PROCESS As F	Filed Data -									DLN: 9	934931	.3505	5269	
Sched	ule K	C	mlamantal I	nformation o	- Тау Г	'.v.o.100	4 D	a ::a al a				OMB	No 1545	5-0047		
(Form	990)		organization ansv	nformation o	990, Part I	V, line	24a. Pı		scriptions,		2017					
Danartman	nt of the Treasury			and any additional i Attach to Form 990		in Part	VI.				Open to Public					
Internal Re	evenue Service	▶Information		(Form 990) and its		s is at <u>u</u>	vww.ir:	s.gov/for	<u>m990</u> .			Inspection				
	ie organization GTON COLLEGE										-	ificatio	n number	•		
										52-05	91691					
Part I																
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	price	(f) Descripti	on of purpose	(g) De	(g) Defeased		On alf of uer	(i) Pool financing		
										Yes	No	Yes	No	Yes	No	
	VN OF CHESTERTOWN YLAND	52-6000783		07-30-2013	57,6	84,000	REFUN	JND 2009 AND 2010 BONDS		,	Х	Х			Х	
	VN OF CHESTERTOWN	52-6000783		11-24-2015	20,2	06,000	Capital	tal Construction			X	Х			Х	
Part II	Proceeds															
. ^						Α		l	3	С				D		
	nount of bonds retired nount of bonds legally defease					9,724	,000		825,000							
	tal proceeds of issue						0		0							
	oss proceeds in reserve funds					57,684	,000		20,206,000							
							0		0							
	pitalized interest from procee						0		0							
	oceeds in refunding escrows						0		0							
	suance costs from proceeds . edit enhancement from proce					369	,000		208,134							
	orking capital expenditures fro						0		0							
	pital expenditures from proce						0		10.007.006							
	her spent proceeds			• • •			0		19,997,866							
	her unspent proceeds					57,315	· 		0							
	ar of substantial completion .						0		- 0							
13	ar or substantial completion :	<u> </u>	<u> </u>	• •	Yes	No		Yes	No	Yes	No		Yes		No No	
14 We	ere the bonds issued as part o	of a current refunding	issue?		X	110		103	X	163	- 110		103			
	ere the bonds issued as part of					X			x							
	s the final allocation of proce					^			_ ^							
					Х			×						+		
17 Do	es the organization maintain oceeds?	adequate books and r	ecords to support th	e final allocation of	Χ			X								
Part II						•	,		· · · · · ·			•				
						A			3	C	i I			D		
					Yes	No	,	Yes	No	Yes	No		Yes		No	
	as the organization a partner anced by tax-exempt bonds?					X			x							
2 Are	e there any lease arrangemen	nts that may result in	private business use	of bond-financed		х			х							
	erwork Reduction Act Notice				Cal	t No 50	1193F				<u> </u>	hadul	e K (For	m 990	1) 2017	

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Part IV

Arbitrage

Page **2**

		Į.	١	l	В	C)
		Yes	No	Yes	No	Yes	No	Yes	No
3а	Are there any management or service contracts that may result in private business use of bond-financed property?	Х		Х					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	Х		×					
С	Are there any research agreements that may result in private business use of bond-financed property?		Х		х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		•		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)		3 260 %						

3 260 %

Χ

Χ

Х

Yes

C

No

Yes

Schedule K (Form 990) 2017

No

Х

Х

Х

Yes

Х

Χ

No

Χ

Χ

Χ

Х

25 %

Х

Χ

No

Χ

Α

Yes

Χ

Χ

Х

RBCPNC

Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Term of hedge

Was the hedge superintegrated?

Was the hedge terminated?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were the GIC satisfied?

requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

Schedule K (Form 990) 2017

period?

Part V

5a

No

D

Yes

Schedule K (Form 990) 2017

Yes

Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х
Name of provider	0	
Term of GIC		

Has the organization established written procedures to ensure that violations of federal tax

No

Yes

Χ

Nο

No

Х

Х

Yes

Yes

No

No

Yes

No

Yes

requirements are timely identified and corrected through the voluntary closing agreement program Χ if self-remediation is not available under applicable regulations? **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Yes

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135055269 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** WASHINGTON COLLEGE 52-0591691 **Types of Property** (b) (c) (d) (a) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 70,050 Market Art-Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles 22,500 Market Boats and planes . . Intellectual property . . Χ 33 2,782,635 Market Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Χ 41,874 Annuity Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 500 Cash value Other ► (Χ 25 Gift Certificate) 26 Other ▶ (_ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2017) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Page 2 Schedule M (Form 990) (2017) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation Schedule M, Part I, Column (B) The organization is reporting the number of contributions in column (B) Number of Contributions Third Party Assistance of Non-Cash SCHEDULE M. PART I. LINE 32A To the extent that Washington College receives donations of securities. Ivarious third party brokers are tasked with selling these securities Contributions Schedule M (Form 990) (2017)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN:	93493135055269				
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional into Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and interesting the second se	tal Information to Form 990 or 990-EZ ovide information for responses to specific questions on or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. t Schedule 0 (Form 990 or 990-EZ) and its instructions is at					
Name of the org Washington col	e O, Supplemental Information	Employer ident 52-0591691	ification number				
Return Reference	Explanation						
WRITTEN POLICIES FOR CHAPTERS, BRANCHES, OR AFFILIATES	Form 990, Part VI, Line 10b WASHINGTON COLLEGE CURRENTLY HAS TEN ERATING THROUGHOUT THE U S AND ACTIVELY SEEKS NEW GEOGRAPH PTERS ARE ORGANIZED AND SUPPORTED BY THE ALUMNI RELATIONS AN ORDER TO STRENGTHEN CONNECTIONS BETWEEN ALUMNI AND WITH E AT LEAST ONE ANNUAL GATHERING FACILITATED BY VOLUNTEERS AN DED BY THE COLLEGE'S OPERATING BUDGET ADDITIONALLY, CHAPTER DRAISING THAT BENEFITS THE COLLEGE'S MISSION AND SUPPORTS ITS DRAISING EFFORTS FLOW THROUGH THE OFFICE OF COLLEGE ADVANC	HIC AREAS OF INTEREST ND ANNUAL GIVING OFFI THE COLLEGE ALUMNI (D STAFF WHICH IS TYPIC S MAY CHOOSE TO PART APPROVED PRIORITIES	THESE CHA CE STAFF I CHAPTERS HAV CALLY FUN TAKE IN FUN				

990 Schedule O, Supplemental Information Return Explanation

FORM 990 Form 990. Part VI. Line 11b MANAGEMENT REVIEWS THE DRAFT OF THE 990 FOR ACCURACY AND RECON REVIEW CILEMENT TO THE AUDITED FINANCIAL STATEMENTS ONCE THIS REVIEW IS FINAL. A DRAFT COPY OF T PROCESS HE 990 IS PROVIDED TO THE CHAIRMAN OF THE BOARD AND THE AUDIT COMMITTEE CHAIRMAN FOR REVIE W AND COMMENTS FOR A 7 DAY PERIOD, A COPY OF THE DRAFT FORM 990 IS ALSO CIRCULATED TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. FACH BOARD MEMBER IS PROVIDED AMPLE OPP. ORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 AFTER APPROVAL OF THE 990. TH E TAX PREPARER IS NOTIFIED TO FINALIZE THE RETURN FOR FILING. A FINAL 990 PRESENTATION SUM MARY IS PRESENTED TO ALL THE BOARD MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	Form 990, Part VI, Line 12c ALL COVERED PERSONS SHALL DISCLOSE IN WRITING ANY POSSIBLE CON FLICT OF INTEREST WITH REGARD TO A PROPOSED TRANSACTION OR ARRANGEMENT, AS WELL AS ALL MAT ERIAL FACTS RELATED THERETO, TO THE BOARD AND TO THE APPROPRIATE BOARD COMMITTEE, IF ANY, AT THE EARLIEST PRACTICAL TIME AFTER A POSSIBLE CONFLICT OF INTEREST HAS BEEN DISCLOSED, THE BOARD OR COMMITTEE SHALL DISCUSS AND, IF NECESSARY, INVESTIGATE ALTERNATIVES TO THE PR OPOSED TRANSACTION OR ARRANGEMENT ULTIMATELY, THE BOARD OR COMMITTEE SHALL DETERMINE WHET HER THE COLLEGE CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST AND, IF SUCH ALTE RNATIVE TRANSACTION OR ARRANGEMENT IS NOT FEASIBLE, WHETHER THE PROPOSED TRANSACTION OR AR RANGEMENT IS IN THE COLLEGE'S BEST INTEREST AND WILL NOT COMPROMISE OR HAVE THE APPEARANCE OF COMPROMISING THE COLLEGE'S ACADEMIC AND FISCAL INTEGRITY THE INTERESTED PERSON SHALL REFRAIN FROM PARTICIPATING IN THE DISCUSSION CONCERNING (AND FROM VOTING ON) THE ISSUE THA T PRESENTS THE CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST, AND MAY B E ASKED TO LEAVE THE MEETING DURING DISCUSSION OF AND/OR THE VOTE ON THE ISSUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINES 15A AND 15B SINCE THE 1980'S, WASHINGTON COLLEGE HAS PURSUED A BO ARD-AUTHORIZED ASPIRATION TO COMPENSATE FACULTY, ON AVERAGE, AT THE ALL-RANKS AVERAGE OF I NSTITUTIONS WITH A CARNEGIE CLASSIFICATION OF IB (PRIVATE, INDEPENDENT). IN 2012 THE BOAR D REVISED THE GOAL TO COMPENSATE FACULTY ON A RANK BY RANK AVERAGE OF PRIVATE INDEPENDENT COLLEGES A SIMILAR STANDARD FOR STAFF WAS DEVELOPED IN 2007 IN PARTNERSHIP WITH WATSON WY ATT ALSO IN 2012. THE COLLEGE PARTNERED WITH SIBSON TO CONDUCT A MARKET SALARY ANALYSIS O F ALL STAFF POSITIONS AS A RESULT WE HAVE ADOPTED AND IMPLEMENTED A REVISED MARKET BASED STAFF SALARY STRUCTURE WHICH HAS 15 PAY LEVELS AND APPLIES TO BOTH EXEMPT AND NON EXEMPT S TAFF WASHINGTON COLLEGE HAS REVISED IT COMPENSATION PHILOSOPHY TO READ AS FOLLOWS WASHIN GTON COLLEGE PROVIDES EMPLOYEES WITH A TOTAL COMPENSATION PACKAGE, COMPRISED OF BOTH SALARY Y AND BENEFITS, THAT RECOGNIZES AND REWARDS PERFORMANCE AND PRODUCTIVITY WHILE MAINTAINING A COMPETITIVE MARKET POSITION AND INTERNAL EQUITY IN SUPPORT OF THE COLLEGE'S MISSION WE ENDEAVOR TO PROVIDE A LEVEL OF COMPENSATION, BOTH CASH AND BENEFITS, THA OTATRACT, MOTIVATE AND RETAIN THE QUALITY OF WORKFORCE NECESSARY FOR THE ACHIEVEMENT OF THE COLLEGE'S GOALS THE COMPENSATION PROGRAM SHALL BE CONSISTENT, RESPONSIVE, TRANSPARENT, AND EQUITABLE THE COLLEGE IS COMMITTED TO A MERITOCRACY OUR PERFORMANCE MANAGEMENT PROGRAM IS DESIGNED TO INCREASE THE PERSONAL AND PROFESSIONAL EFFECTIVENESS OF OUR STAFF INCLUDING PROVIDING STAF F WITH CLEAR PERFORMANCE EXPECTATIONS AND DEVELOPMENTAL OPPORTUNITIES WE PROVIDE LEADERS WITH THE TOOLS AND TRAINING TO ENABLE THEM TOOLS AND TRAINING TO ENABLE THE TOOLS AND TRAINING TO ENABLE THE TOOLS AND TRAINING TO ENABLE THE HEM TOOLS AND SENGRED TO INCREASE THE PERSONAL AND PROFESSIONAL EFFECTIVENESS OF OUR STAFF INCLUDING PROVIDING STAF F WITH CLEAR PERFORMANCE EXPECTATIONS AND DEVELOPMENTAL OPPORTUNITIES WE PROVIDE LEADERS WITH THE TOOLS AND TRAINING TO ENABLE POSITIONS IN ALL POSITIONS AND BENCHMARK

Return Explanation Reference HOW Form 990, Part VI. Line 19 THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AN

DOCUMENTS DOCONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST ARE MADE AVAILABLE

TO THE

PUBLIC

990 Schedule O, Supplemental Information

Return Explanation

990 Schedule O, Supplemental Information

Balances

Change in Net Assets and Fund

FORM 990, PART IX, LINE 9 CHANGE IN FAIR MARKET VALUE OF INTEREST RATE SWAP \$2,272,025 Cha nge in value of split interest agreements \$28,740 ------- Total \$2,300,765

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(a)

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

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

WASHINGTON COLLEGE

Part I

Related Organizations and Unrelated Partnerships

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

(b)

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

► Attach to Form 990.

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

(c)

Cat No 50135Y

2017

DLN: 93493135055269

Open to Public Inspection

(f)

Schedule R (Form 990) 2017

Employer identification number

52-0591691

(e)

ivame, address, and EIN (II applicable) of disregarded entity	Primary activity	or foreign country	y)	End-or-year assets	entity		
(1) WC WATER LLC 300 WASHINGTON STREET CHESTERTOWN, MD 21620 27-0886807	REAL ESTATE	MD	0	0	WC		_
(2) CHESTERTOWN RESIDENTIAL LLC 300 WASHINGTON ST CHESTERTOWN, MD 21620 26-4539355	REAL ESTATE	MD	0	0	WC		
							_
							-
							_
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete if the orga	inization answered	"Yes" on Form 990	, Part IV, line 34 b	ecause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) 512(b) ntrolled nty?
					1		1

		1	1										
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant Income(related unrelated, excluded from tax under sections 512- 514)	Share of total income	(g) Share of end-of-year assets	(H Disprop alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or liging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV,	lıne	34	
(a)	(b)		(c)	st during ti	(d)	(e)	(f)	1	(g)	(H	1)		(1)
Name, address, and EIN of related organization	Primary activity	l do (state	Legal omicile or foreign ountry)		controlling Type entity (C c	e of entity orp, S corp, or trust)	Share of total income		of end- year assets	of- Percel owne	ntage	(13	ction 5: 3) contr entity
			und y)									Y	'es
													+
										_			_
												_	-+

Schedule R (Form 990) 2017					Pag	ge 3
Part V Transactions With Related Organizations Complete if the organization answered	"Yes" on Form 990, Par	t 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
1 During the tax year, did the organization engage in any of the following transactions with one or more re	lated organizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		
f b Gift, grant, or capital contribution to related organization(s)				1b		
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		
f d Loans or loan guarantees to or for related organization(s)				1d		
e Loans or loan guarantees by related organization(s)				1e	\blacksquare	
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1g		
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
j Lease of facilities, equipment, or other assets to related organization(s)				1j	\Box	
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	\dashv	
I Performance of services or membership or fundraising solicitations for related organization(s)				11		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1р		
q Reimbursement paid by related organization(s) for expenses				1q	\blacksquare	
r Other transfer of cash or property to related organization(s)				1r	\dashv	
${f s}$ Other transfer of cash or property from related organization(s)				1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including covered r	elationships and trai	nsaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount in	volved	

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

was not a related organization. See instructions regarding exclusion of certain investment partiters inps													
(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) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017