For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

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► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

2018

**DLN: 93493132020970**OMB No. 1545-0047

Open to Public Inspection

		e 2019 ca	। alendar year, or tax year b	eginning 07-01-2018 , and ending 06-3	30-2019				
		pplicable:	C Name of organization			D Employe	r identi	fication number	
☐ Ad	dress	change	WASHINGTON & JEFFERSON C	JLLEGE		25-0965	601		
□ Na		-	Doing business as						
		n/terminated							
		d return	Number and street (or P.O. box 60 S LINCOLN STREET	( if mail is not delivered to street address) Room/s	suite	E Telephone			
⊔ Ар	piicati	on pending	City or town, state or province,	country, and ZIP or foreign postal code		(724) 22	3-6009	,	
			WASHINGTON, PA 15301			<b>G</b> Gross rec	eipts \$ 1	149,777,642	
			F Name and address of prin	ncipal officer:	H(a)	Is this a group ret	urn for		
			60 S LINCOLN STREET			subordinates?		□Yes 🗹 No	
			WASHINGTON, PA 15301			Are all subordinate included?	es	☐ Yes ☐No	
I Ta	x-exer	mpt status:	<b>✓</b> 501(c)(3) □ 501(c)(	) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		If "No," attach a lis	•	•	
J W	ebsit	te:▶ WW	/W.WASHJEFF.EDU		H(c)	Group exemption r	numbei	· <b>&gt;</b>	
<b>K</b> Forr	n of o	rganization:	✓ Corporation ☐ Trust ☐	Association ☐ Other ▶	L Year of	f formation: 1781	<b>M</b> State	e of legal domicile: PA	
Pa	art I	Sumi	marv						
			•	on or most significant activities:					
e e	<u> </u>	PROMOTE	EDUCATION, THE DEVELOPM	ENT OF SKILLS, KNOWLEDGE, AND PERSON	IAL QUALI	TIES.			
anc	:								
Ë	-								
Governance				n discontinued its operations or disposed of	more than	25% of its net as		1	
ত ফা	l		•	erning body (Part VI, line 1a)			3	37	
es e	l			rs of the governing body (Part VI, line 1b)			4	33	
Activities &	l		, ,	n calendar year 2018 (Part V, line 2a)			5	1,262	
Ç	l		•	f necessary)			6	341	
٠.	l			7a 7b	<u>'</u>				
	b	Net unie	ated business taxable income	from Form 990-T, line 34	· · ·	Prior Year	1/0	Current Year	
	٩	Contribut	ions and grants (Part VIII, line	. 1h)		8,145,5	0.2	6,334,03	
를	l	Program		82,222,32					
Ravenue	l	-	82,439,3° 14,498,6		3,267,54				
æ	l	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       14,498,642         11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       147,795							
	l		, , , , , , , , , , , , , , , , , , , ,	(must equal Part VIII, column (A), line 12)		105,231,3		-20,83° 91,803,06	
	_		<del>-</del>	IX, column (A), lines 1–3 )		36,489,8	43	36,875,840	
	l		paid to or for members (Part I				0	, ,	
ç	l		,	e benefits (Part IX, column (A), lines 5-10)		25,740,1	37	28,916,89	
Expenses	<b>16</b> a	Professio	nal fundraising fees (Part IX,	column (A), line 11e)			0	12,088	
ъ С	ь	Total fundr	raising expenses (Part IX, column	(D), line 25) ▶2,058,644					
Д	17	Other exp	oenses (Part IX, column (A), li	nes 11a–11d, 11f–24e)		30,661,3	66	30,503,23	
	18	Total exp	enses. Add lines 13-17 (must	equal Part IX, column (A), line 25)		92,891,3	46	96,308,05	
	19	Revenue	less expenses. Subtract line 1	.8 from line 12		12,339,9	72	-4,504,989	
Net Assets or Fund Balances					Begii	nning of Current Ye	ar	End of Year	
age agai	20	Total asse	ets (Part X, line 16)			336,797,8	62	334,005,68	
A As	21	Total liab	ilities (Part X, line 26)			70,743,3		71,026,946	
ŞĒ	22	Net asset	s or fund balances. Subtract l	ine 21 from line 20		266,054,5	44	262,978,736	
Pa	rt II	Signa	ature Block				•		
				xamined this return, including accompanying					
any k			i, it is true, correct, and comp	plete. Declaration of preparer (other than off	icer) is ba	seu on an miorna	tion of	willcii preparei nas	
		T.k.							
		Signatu	re of officer			2020-04-30 Date			
Sign Here		, "							
	•		HN C KNAPP PRESIDENT r print name and title						
		Pi	rint/Type preparer's name	Preparer's signature	Date	P	TIN		
Paid	ł		•				0034139	17	
Pre		er 🔚	irm's name ► SCHNEIDER DOW	NS & CO INC		Firm's EIN ► 25-1	408703		
Use		<u> </u>	irm's address ▶ ONE PPG PLACE S	LITE 1700		Phone no. (412) 2	61.2644		
	J-11	"				Phone no. (412) 2	01-3044		
			PITTSBURGH, PA			1			
May t	he IR	RS discuss	this return with the preparer	shown above? (see instructions)			✓	Yes 🗌 No	

Cat. No. 11282Y

Form **990** (2018)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Form	990 (2	2018)				Page <b>2</b>
1 Breffy describe the organization's mission:  Or GRADLATE POPUE OF DINCOMNON INTEGRITY, COMPETENCE, AND MATURITY, WHO ARE EFFECTIVE LIFELONG LEARNERS AND RESPONSIBLE CITIZENS, AND WHO ARE PREPARED TO CONTRIBUTE SUBSTANTIALLY TO THE WORLD IN WHICH THEY LIVE.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	Pa	rt III	Statement of Program Se	rvice Accomplish	nments		_
1 Briefly describe the organization's mission:  Or GRADLATE POPULE OF JUNCOMMON INTEGRITY, COMPETENCE, AND MATURITY, WHO ARE EFFECTIVE LIFELONG LEARNERS AND RESPONSIBLE CITIZENS, AND WHO ARE PREPARED TO CONTRIBUTE SUBSTANTIALLY TO THE WORLD IN WHICH THEY LIVE.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?			Check if Schedule O contains a	response or note to a	ny line in this Part III .		🗆
the prior Form 990 or 990-EZ?	1	Briefly					
the prior Form 990 or 990-EZ?	TO G	RADUA ZENS, A	TE PEOPLE OF UNCOMMON INTEG IND WHO ARE PREPARED TO CON	GRITY, COMPETENCE, TRIBUTE SUBSTANT	AND MATURITY, WHO A	ARE EFFECTIVE LIFELONG LEARNE N WHICH THEY LIVE.	RS AND RESPONSIBLE
If "Yes," describe these new services on Schedule O.  Joi the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did th	ne organization undertake any sig	nificant program serv	rices during the year wh	ich were not listed on	
Did the organization cease conducting, or make significant changes in how it conducts, any program services or cervices?		the pr	ior Form 990 or 990-EZ?				🗌 Yes 🗹 No
services?		If "Yes	s," describe these new services o	n Schedule O.			
If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ 83,754,819 including grants of \$ 36,875,840) (Revenue \$ 82,185,455)  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	3	Did th	ne organization cease conducting,	or make significant o	hanges in how it condu	cts, any program	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ 83,754,819 including grants of \$ 36,875,840 ) (Revenue \$ 82,185,455 )  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )							☐ Yes ☑ No
4d Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )	4	Descri Sectio	ibe the organization's program se on 501(c)(3) and 501(c)(4) organ	rvice accomplishmen izations are required	to report the amount of		
4d Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )  (Expenses \$ including grants of \$ ) (Revenue \$ )	4a	(Code:	: ) (Expenses \$	83,754,819	including grants of \$	36,875,840 ) (Revenue \$	82,185,455 )
4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )		•					
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	4b	(Code:	: ) (Expenses \$		including grants of \$	) (Revenue \$	)
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )							
(Expenses \$ including grants of \$ ) (Revenue \$ )	4c	(Code:	: ) (Expenses \$		including grants of \$	) (Revenue \$	)
(Expenses \$ including grants of \$ ) (Revenue \$ )							
	4d		' -	•	\$	) (Revenue \$	)
4e Total program service expenses ► 83,754,819	4e	• •	· · · · · · · · · · · · · · · · · · ·	83,754.83	19	<u> </u>	•

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Yes 7 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? Yes 8 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . . . . . 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 Nο 11d in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞 . . . . . . . . . . . . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Yes 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a 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 14b Yes 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 No 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Yes 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic No 21 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, Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

	Charlist of Barrised Cabadulas (continued)			raye
Pa	tiv Checklist of Required Schedules (continued)			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes Yes	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\ref{Matter}$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1,647	i T	_	
b	Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable . 1b 0	i l		ı

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	this return	2a	1,262	2		
b	If at least one is reported on line 2a, did the organization file all required federal employ			2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see	e msu	ructions)	1		
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 Sch	nedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signa financial account in a foreign country (such as a bank account, securities account, or oth			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	d Finar	icial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the	ne tax	year?	5a		No

Nο

Nο

Nο

No

No

6a

7a

**7**b

70

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

7d

10a

10b

11a

11b

12b

13b

13c

Yes

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	
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	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50	

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . .

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

**9a** Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

**b** 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 . . . . Enter the amount of reserves on hand . . . . . . . . . . . . . . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

solicit any contributions that were not tax deductible as charitable contributions? . . . .

Organizations that may receive deductible contributions under section 170(c).

**d** If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

. •	990 (2018)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year label 1a 37		Yes	No
	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 other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110	163	
	· · · · · · · · · · · · · · · · · · ·	1 1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes Yes	
b	• • • • • • • • • • • • • • • • • • • •			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c	Yes Yes	
b c 13	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	12b 12c 13	Yes Yes Yes	
b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	12b 12c 13	Yes Yes Yes	
b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	Yes Yes Yes Yes	
b c 13 14 15	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	12b 12c 13 14	Yes Yes Yes Yes Yes	
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?	12b 12c 13 14	Yes Yes Yes Yes Yes	No
b c 13 14 15 a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
b c 13 14 15 a b 16a b See 17	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
b c 13 14 15 a b 16a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Ction C. Disclosure  List the States with which a copy of this Form 990 is required to be filed  PA  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
b c 13 14 15 a b 16a b See 17	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No
b c 13 14 15 a b 16a b See 17 18	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes	No

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person amount of other compensation compensation week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Former Highest compensatemployee Individual trustee or director Officer organizations (ey employee MISC) related Institutional below dotted organizations line) Trustee See Additional Data Table

	rt VII Section A. Officers, Direction	tore Trustees	: Kev	Fmn	love		and	Hial	hest Com	nensa	ate	l Employees	(cont	inued)	Page 6
Га	(A) Name and Title	(B) Average hours per week (list any hours	Position than of is b	on (d	(C) o no ox, u	) ot cho unles	eck moss pers	ore son	(E Repoi compei from organiza	Table nsation the tion (W	v-	(E) Reportable compensation from related organizations (	n W-	(F) Estima amount o compen	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099	-MISC,	,	2/1099-MISC		organizat relat organiza	ed
See	Additional Data Table														
					$\vdash$	$\vdash$									
					$\vdash$	$\vdash$									
					$\vdash$	┢									
				$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$					-		
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				-	$\vdash$	$\vdash$	-	-							
41.4	0l. T.t.l				$oxed{oxed}$	$oxed{oxed}$							$\perp$		
	Sub-Total  .     .     .     .    .    . Total from continuation sheets to P						<b>&gt;</b>			-					
d ·	Total (add lines 1b and 1c)			<u></u>			<b>•</b>		1,47	71,985			0		328,676
2	Total number of individuals (including of reportable compensation from the			se list	ed a	bove	e) who	rec	eived more	e than	\$10	0,000			
	<u> </u>													Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>				•				-	pensat	ed e	employee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than \$	150,00	0? <i>If</i>	"Yes	s," c	omple	te Sc	chedule J f	or such	7		4	Yes	
5	Did any person listed on line 1a recessorvices rendered to the organization		•			,			_	on or i	ndiv •	idual for	5		No
Se	ection B. Independent Contrac														
1	Complete this table for your five high from the organization. Report compe												mpens	sation	
	Name	(A) and business addre	ess							De	escri	(B) ption of services		(C Comper	
RYCC	ON CONSTRUCTION INC								c	ONSTRU					,430,187
	LIBERTY AVENUE SBURGH, PA 15222														
BON	APPETIT MANAGEMENT COMPANY								F	OOD SE	RVI	CES		4	,025,767
	YORKMONT ROAD RLOTTE, NC 28217														
DANI	NY WEST PAINTING								C	ONSTRU	JCTI	ON			469,872
	MALONE RIDGE ROAD HINGTON, PA 15301														
	DTURF INTERNATIONAL INC								C	ONSTRU	JCTI	ON			466,000
MON	MONTVIEW ROAD FREAL, QUEBEC														
CA GCA	SERVICES GROUP INC					-			M	1AINTEN	IANC	E			354,868
	OX 643823														
2	SBURGH, PA 152643823 Total number of independent contracto	rs (including but	not lim	nited 1	to th	nose	listed	abov	ve) who re	ceived	mo	re than \$100,00	00 of		
	compensation from the organization 🕨	33												Form 99	0 (2018)

Part '	VIII												
		Check if Schedul	e O contains a	a respo	onse or no	te to any	(	his Part VIII A) revenue	Rel ex fu	(B) ated or kempt nction	Unr bus	(C) related siness	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a					ге	venue			512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues		<b>1</b> b									
Gra 1101		<b>c</b> Fundraising events		1c		7,475							
Ts, E		<b>d</b> Related organizatio	ns	1d									
<u>i</u> g <u>ē</u>		e Government grants (co	ontributions)	1e									
ıns, Sin		f All other contributions,											
utio Ter		and similar amounts no above	ot included	1f	6	,326,562							
흥흥		g Noncash contribution in lines 1a - 1f:\$	ons included	1 (	912,556								
ind in		h Total. Add lines 1a-				•							
<del>- 1</del>						Business	Code	6,334,037	I		$\overline{}$		
E E	<b>2</b> a	TUITION AND FEES					900099	64,1	.86,003	64,186	,003		
e Ae		STUDENT SERVICES			+		900099	16,7	95,110	16,795	,110		
Program Service Revenue	c	AUXILIARY PROGRAM SI	ERVICES				900099	1,2	41,211	1,204	,342	36,8	69
er K	الد												
<u>ء</u>	e	-											
ogra	f	All other program se	rvice revenue		L								
Ě	g	Total. Add lines 2a-2	f		<b>&gt;</b>	82,2	22,324						
		Investment income (in			interest, a			1,956,73	6			15,479	1,941,257
		similar amounts)     . Income from investme	ent of tay-eye		and proced	► eds ►		1,930,73	<u> </u>			13,479	1,941,237
				•		<b>•</b>	<u> </u>	53,61	2				53,612
			(i) Rea		(ii) Pe	rsonal							
	<b>6a</b> Gross rents 59,970												
	Ŀ	b Less: rental expenses		69,582			_						
	,	c Rental income or	-1	09,612									
	•	(loss)											
	(	d Net rental income or				<b>&gt;</b>		-109,61	2				-109,612
	7a	Gross amount	(i) Securit	ies	(ii) (	Other							
	7a Gross amount from sales of 58,824,943 assets other than inventory				2,221								
		than inventory											
	Ł	b Less: cost or other basis and	56,9	48,948		567,408	3						
	(	sales expenses Gain or (loss)	1,8	75,995		-565,187	1						
		d Net gain or (loss) .		•	I.	<b>&gt;</b>		1,310,80	8				1,310,808
	8a	Gross income from for form for the form of	undraising eve 7,475										
Other Revenue		contributions reporte	ed on line 1c).										
eve.	ı	See Part IV, line 18 b Less: direct expenses		a b		45,5 <b>1</b> 7 21,925							
<u> </u>		c Net income or (loss)			ents .			23,59	2				23,592
<b>ğ</b>	9a	Gross income from g		es.		<u> </u>							
١ ٠		See Part IV, line 19		а	<u> </u>								
	Ł	<b>b</b> Less: direct expense:	s	b			_						
		c Net income or (loss)		activit	ies	<b>&gt;</b>	-						
	10	aGross sales of invent returns and allowand											
				а		278,282							
		<b>b</b> Less: cost of goods s		b		266,711		11,57					11,571
	(	Net income or (loss)  Miscellaneous		invent		ss Code		11,57	1				11,3/1
ŀ	11												
	Ł	b											
	(	<u> </u>											
		d All other revenue .											
		e Total. Add lines 11a				•			-				
	12	2 Total revenue. See	instructions.	• •	• •	• •		91,803,06	8	82,185,455		52,348	3,231,228 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other orga	anizations must comp	elete column (A).	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
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	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	35,370,487	35,370,487		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	1,505,353	1,505,353		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,639,176	752,309	671,124	215,743
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	69,946		69,946	
7 Other salaries and wages	18,794,009	15,174,047	2,586,058	1,033,904
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,504,805	1,201,090	209,582	94,133
9 Other employee benefits	5,372,559	2,972,789	2,239,741	160,029
<b>10</b> Payroll taxes	1,536,400	1,219,720	226,901	89,779
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	118,253		118,253	
c Accounting	123,044		123,044	
d Lobbying	21,000			21,000
e Professional fundraising services. See Part IV, line 17	12,088			12,088
f Investment management fees	707,091		707,091	· · · · · · · · · · · · · · · · · · ·
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,095,753	3,669,688	357,407	68,658
<b>12</b> Advertising and promotion	700,223	148,642	551,581	
13 Office expenses	634,152	439,925	77,311	116,916
14 Information technology	855,308	595,618	231,414	28,276
<b>15</b> Royalties				
<b>16</b> Occupancy	3,117,610	3,091,779	25,831	
17 Travel	871,994	714,660	74,972	82,362
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings	888,656	331,587	458,054	99,015
20 Interest	2,453,711	2,453,711		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,177,375	5,962,508	214,867	
23 Insurance	477,492	459,195	18,297	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	177,152	1357,233	10,237	
a STUDENT ACADEMIC /PROGR	4,317,482	4,275,825	41,657	
b ATHLETIC & GAME EXPENSE	1,015,201	1,011,928	3,273	
c STUDENT RECRUITING COST	728,001	728,001		
d BAD DEBT EXPENSE	304,619		304,619	
e All other expenses	2,896,269	1,675,957	1,183,571	36,741
25 Total functional expenses. Add lines 1 through 24e	96,308,057	83,754,819	10,494,594	2,058,644
<b>Joint costs.</b> 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).				

Form	990	(2018)					Page <b>11</b>
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			8,000	1	8,000
	2	Savings and temporary cash investments .		[	53,725,365	2	46,452,124
	3	Pledges and grants receivable, net			2,676,419	3	1,051,594
	4	Accounts receivable, net			2,056,168	4	1,684,080
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensor Part II of Schedule L	ated em  fied per	ployees. Complete sons (as defined under		5	
ts	7	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	ations of (see ins	f section 501(c)(9) structions) Complete	1,079,376	6 7	901,085
ssets		•		-	213,475		166,485
As	l e e e e e e e e e e e e e e e e e e e			·	1,174,279	9	1,424,975
	_	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	     10a	252,143,695	1,114,219	9	1,424,973
	ь	Less: accumulated depreciation	10b	104,615,227	142,404,168	10c	147,528,468
	11	Investments—publicly traded securities .		, ,	83,221,724	11	81,502,489
	12	Investments—other securities. See Part IV, line	11 .		50,238,888	12	53,286,382
	13	Investments—program-related. See Part IV, line		13	-		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		<b>⊢</b>		15	
	16	Total assets.Add lines 1 through 15 (must equ		<u> </u>	336,797,862	16	334,005,682
	17	Accounts payable and accrued expenses		· ·	5,778,374	17	6,398,401
	18	Grants payable			18		
	19	Deferred revenue		<u> </u>	1,048,982	19	611,642
	20	Tax-exempt bond liabilities			54,169,609	20	54,202,429
íΔ	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee	officer	s, directors, trustees,			
ap		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	9,746,353	25	9,814,474
	26	Total liabilities. Add lines 17 through 25 .	•		70,743,318	26	71,026,946
Fund Balances		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33	58), ch				
lan	27	Unrestricted net assets		L	131,112,703	27	132,137,210
Ba	28	Temporarily restricted net assets			51,231,347	28	44,504,501
ы	29	Permanently restricted net assets		L	83,710,494	29	86,337,025
		Organizations that do not follow SFAS 117					
ō	30	check here ► □ and complete lines 30 the Capital stock or trust principal, or current funds		34.		30	
ets.				t fund			+
Assets or	31	Paid-in or capital surplus, or land, building or ed Retained earnings, endowment, accumulated in		<u> </u>		31	<del> </del>
	32	- · · · · · · · · · · · · · · · · · · ·		<u> </u>	266,054,544	32	262,978,736
Net	33	Total net assets or fund balances			200,054,544	33	202,910,130

Total liabilities and net assets/fund balances

34

3a

3b

Yes

Yes (2018)

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

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

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

Form 990 (2018)

Form 990, Part III, Line 4a:

STUDENTS AND 310 GRADUATES

FOUNDED IN 1781, W&J IS ONE OF THE OLDEST COLLEGES IN AMERICA, IT IS A FOUR-YEAR, PRIVATE, LIBERAL ARTS COLLEGE DEDICATED TO ITS STUDENTS, IT IS NATIONALLY RECOGNIZED AS AN EXCELLENT RESIDENTIAL, STUDENT-CENTERED UNDERGRADUATE INSTITUTION. HISTORICALLY, A HIGH PERCENTAGE OF STUDENTS WHO APPLY TO LAW SCHOOLS AND TO PROFESSIONAL HEALTH SCHOOLS ARE ACCEPTED. STATISTICS - UNDERGRADUATE STUDENTS: 1,259 FULL-TIME EQUIVALENT

(A) (D) (E) (B) (C) (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

	1 6	1				,	′ I	(11, 2,4,000	(14) 2/4 000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JERRELL L ANGELL TRUSTEE	1.00	Х						0	0	0
JACQUELINE BAUER TRUSTEE	1.00	х						0	0	0
RICHARD F BEATTY MD TRUSTEE	1.00	х						0	0	0
JOHN C BURNS TRUSTEE	1.00	Х						0	0	0
RICHARD T CLARK	1.00	х						0	0	0

0

0

0

0

0

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SUSAN COHEN

TRUSTEE

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**TRUSTEE** 

TRUSTEE

TRUSTEE (EXITED 9/2018)

WALTER FLAMENBAUM MD

......

JONATHAN M CONRAD

LYN M DYSTER PHD

COLEMAN HUGHLEY

and Independent Contractors

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

	any hours for related	and	a dir	recto	r/trد	ustee)	)	organization	organizations	from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
BETSEY HURWITZ-SCHWAB TRUSTEE	1.00	х						0	0	0
CLYDE B JONES III TRUSTEE	1.00	х						0	0	0
VICTOR LAZZARO JR TRUSTEE	1.00	х						0	0	0
THOMAS J LEYDIG	1.00	Х						0	0	0

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VICTOR LAZZARO JR
TRUSTEE
THOMAS J LEYDIG
TRUSTEE
STEPHAN M LOEWENTHEIL

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

TRUSTEE

LARRY A MAKEL

KENNETH MELANI MD

REYNOLD MOONEY

CHARLES T NASON

PEGGY NORTHROP

......

and Independent Contractors

(A) (D) (E) (B) (C) (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

	ally llouis	l and	a un	eccc	71 / CI	usice)	,	Organización	organizacions	l lioni the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DONNA LUCAS PELLEGRINI MD TRUSTEE	1.00	х						0	0	0
B JOHN PENDLETON JR TRUSTEE	1.00	х						0	0	0
DAVID A ROSS TRUSTEE	1.00	х						0	0	0
STEPHEN M ROSS	1.00	Х						0	0	0

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DAVID A ROSS
TRUSTEE
STEPHEN M ROSS
TRUSTEE

LOUISE K ROSS

FRANKLIN RUMORE MD

E RONALD SALVITTI II

DAVID A STEINBERG

JIMIL B WILSON

......

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

TRUSTEE

JOHN D SIMON

and Independent Contractors

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

and Independent Contractors

DONNA HALEY GRIER

DR JOHN C KNAPP

THOMAS SZEJKO

SEE SCHEDULE O

PRESIDENT/TRUSTEE

JAMES IRWIN VP FOR

**TREASURER** 

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BUSINESS & FINANCE (AS OF 6/27/19)

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	any hours					ustee)		organization	organizations	from the	
	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	
ROBERT G WALKER PHD TRUSTEE	1.00	Х						0	0	0	
KEITH GHEZZI MD CHAIRMAN	5.00	Х		х				0	0	0	
CHARLES F MARCY	2.50	Х		x				0	0	0	

ROBERT G WALKER PHD	1.00	X			0	0	
TRUSTEE		^				Ŭ	
KEITH GHEZZI MD	5.00	_	V		9	0	
CHAIRMAN		^			0	0	
CHARLES F MARCY	2.50		,,				
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KEITH GHEZZI MU		×	x		0	n	
CHAIRMAN			^				
CHARLES F MARCY	2.50	.,	,				
VICE CHAIR		X	Х		0	U	
JOSEPH H MENENDEZ	2.50	_	~		0	0	
VICE CHAIR		_ ^	^		l "		1

CHAIRMAN	·						
CHARLES F MARCY	2.50	¥	v		0	0	0
VICE CHAIR	!	^	^				
JOSEPH H MENENDEZ	2.50	V	,		0	0	0
VICE CHAIR		^	^		0	J	0
DIANA L REED	2.50	V	,,			0	
VICE CHAIR		×	X		U	U	0

VICE CHAIR							
JOSEPH H MENENDEZ	2.50	v	v			0	0
VICE CHAIR		^	^				
DIANA L REED	2.50	v	×		0	0	0
VICE CHAIR		^	^				
CRAIG A VARGA ESQ	2.50						
SECRETARY		X	X		0	0	0

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116,773

33,414

379,860

126,963

VICE CHAIR							
DIANA L REED	2.50	×	X		0	0	0
VICE CHAIR		^	^			3	
CRAIG A VARGA ESQ	2.50	v	<			0	0
SECRETARY		^	^		J	0	0

(A) (B) (C) (D) (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 week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

PROFESSOR

**PROFESSOR** 

CHARLES HANNON

DENNIS MCMASTER

FORMER OFFICER

MICHELE HUFNAGEL ASSOC VP

OF DEVELOPMENT & ALUMNI ENGAGEMENT

	1 2										
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MICHAEL GRZESIAK VP OF DEVELOPMENT & ALUMNI ENGAGEMENT	40.00				х			177,660	0	29,491	
EVA CHATTERJEE-SUTTON VP OF STUDENT LIFE, DEAN OF STUDENTS	40.00					х		134,808	0	43,294	
JAMES MILLER	40.00					х		120,270	0	26,451	

148,309

114,008

105,708

164,399

22,686

9,826

32,151

14,590

0

EVA CHATTERJEE-SUTTON VP OF	40.00			_	134,808	0
STUDENT LIFE, DEAN OF STUDENTS					154,000	
JAMES MILLER	40.00			×	120,270	0
DIRECTOR OF FACILITIES				_ ^	120,270	
MAX MILLER	40.00					

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			nt - DO NO		As Filed Data -				<b>3493132020970</b> OMB No. 1545-0047
For 90E	m 99( Z <b>Z</b> )		Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or e trust. 90-EZ.	r a section	2018 Open to Public
terna	l Reven	f the Treasury	<b>.:</b>	<b>P</b> Go to	www.irs.gov/Form	10r the late	est information		Inspection
ame ASHI	NGTO	<b>he organiza</b> N & JEFFERSON	COLLEGE					Employer identific	ation number
Pai	rt I	Reason	for Public C	harity Stat	<b>us</b> (All organization	s must comple	ete this part.) S	25-0965601 See instructions.	
e o	rganiz	ation is not a	a private foun	dation because	e it is: (For lines 1 thro	ugh 12, check c	only one box.)		
L		A church, c	onvention of o	hurches, or a	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	✓	A school de	scribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ).)		
3		A hospital o	or a cooperativ	e hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
ŀ		A medical r name, city,		nization operat	ed in conjunction with	a hospital descr	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
;		(b)(1)(A)	( <b>iv).</b> (Comple	te Part II.)	it of a college or unive	•			bed in <b>section 170</b>
		,	·		governmental unit de				
,	Ш			nally receives <b>vi).</b> (Complete	a substantial part of it Part II.)	s support from a	a governmental u	init or from the gener	al public described in
3		A communi	ty trust descr	bed in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part	II.)		
1					escribed in <b>170(b)(1)</b> lee instructions. Enter				ege or university or
1		from activit investment	ies related to income and ι	its exempt fur Inrelated busir	: (1) more than 331/39 nctions—subject to cer ness taxable income (le omplete Part III.)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
		•			d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
		more public	ly supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(a	
l		<b>Type I.</b> A so	supporting org n(s) the powe	anization opei	rated, supervised, or cappoint or elect a majo	ontrolled by its s	supported organi	zation(s), typically by	
1		manageme	nt of the supp		pervised or controlled i ation vested in the sar and C.				
					supporting organizatio ions). <b>You must com</b>				ited with, its
		Type III n	on-functional	ally integrate he organization	d. A supporting organ in generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi	th its supported organ	nization(s) that is no uirement (see
		Check this	box if the org	anization recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
F	Enter				integrated supporting	-			
1					upported organization(				
	(i) N	Name of supp organizatior						(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
						Yes	No		
tal									+
		work Reduc	tion Act Noti	ce, see the T	nstructions for	Cat. No. 1128	5F :	∟ Schedule A (Form 9	90 or 990-FZ) 201

Sch	edule A (Form 990 or 990-EZ) 2018						Page <b>2</b>
E	art II Support Schedule for	Organizations I	Described in Se	ections 170(b)	(1)(A)(iv), 17	0(b)(1)(A)(vi	), and 170
	(b)(1)(A)(ix)	_					_
	(Complete only if you ch						fy under Part
	III. If the organization fa	ails to qualify und	der the tests list	ed below, please	complete Part	III.)	
S	Section A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
•	membership fees received. (Do not	12,314,057	6,531,899	7,664,370	8,145,502	6,334,037	40,989,865
	include any "unusual grant.")				, ,		
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
1	<b>Total.</b> Add lines 1 through 3	12,314,057	6,531,899	7,664,370	8,145,502	6,334,037	40,989,865
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						9,301,023
	line 1 that exceeds 2% of the						-,,
	amount shown on line 11, column (f)						
_	Dublic commant College F						
•	<b>Public support.</b> Subtract line 5 from line 4.						31,688,842
S	Section B. Total Support	•	•	•	•		
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	` ,	` '	• •		` '	
7		12,314,057	6,531,899	7,664,370	8,145,502	6,334,037	40,989,865
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and	1,485,442	956,638	904,011	1,513,187	2,054,839	6,914,117
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the			92,793	34,182	52,348	179,323
	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.).						
11							48,083,305
	10						40,003,303
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	391,700,110
13	First five years. If the Form 990 is for	or the organization's	s first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					<b>▶</b> [	<u> </u>
S	Section C. Computation of Public	c Support Perce	entage				
L4	Public support percentage for 2018 (lin	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	65.900 %
	Public support percentage for 2017 Sc					15	67.640 %
L6a	<b>33 1/3% support test—2018.</b> If the						
	and <b>stop here.</b> The organization quali	ifies as a publicly su	upported organizat	ion			. ▶ 🗹
Ŀ	33 1/3% support test—2017. If th	e organization did ı	not check a box or	i line 13 or 16a, ar	nd line 15 is 33 1/	3% or more, chec	k this
	box and stop here. The organization	qualifies as a publ	icly supported orga	anization			▶ 🗆
L7a	10%-facts-and-circumstances test	t <b>—2018.</b> If the org	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14	
	is 10% or more, and if the organizatio	n meets the "facts-	and-circumstance	s" test, check this	box and stop her	e. Explain	
	in Part VI how the organization meets					,	. 🗆
	organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organize						
	Explain in Part VI how the organization						
	supported organization			-		. ,	▶□
ıρ	Private foundation. If the organization	on did not check a		 a, 16b, 17a. or 17	b, check this box	and see	
	instructions						• 🗆
	monactions	· · · · · · · · · ·	<u> </u>		<u> </u>	<u> </u>	· · · · · ·

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 4 9 0
	(Complete only if you cl					to qualify und	ler Part II. If
	the organization fails to	qualify under t	the tests listed l	pelow, please co	mplete Part II.)		
Se	ection A. Public Support						_
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	(or fiscal year beginning in) ► 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						
4	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						
/a	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						
J	from line 6.)						
Se	ection B. Total Support				•		•
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975. Add lines 10a and 10b.						
С 11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)						
14	First five years. If the Form 990 is for	_			,		
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2018 (lin		•	, , ,		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr						·
17	Investment income percentage for 201	. <b>8</b> (line 10c, colur	nn (f) divided by	line 13, column (f	))	17	
18	Investment income percentage from 20					18	
19a	<b>331/3% support tests—2018.</b> If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□
20	Private foundation. If the organization						►□

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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 No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (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).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b

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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b 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 to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 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 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

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

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

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

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

9b

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

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
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?			
	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.	<b>11</b> c		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	-		ĺ
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,, = === ==,,, ======================		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.	00		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. <b>Answer (a) and (b) below.</b>		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 <b>Part VI identify those supported organizations and explain</b> 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.	2a		
	<b>b</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 <b>Part VI</b> 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		<u> </u>
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	<u> </u>		<u> </u>
	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? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.						
	Section A - Adjusted Net Income		(A) Prior Year (B) Current Y (optional)				
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	<b>1</b> b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see			

Page **6** 

b Applied to 2018 distributable amount

c Remainder. Subtract lines 4a and 4b from 4. 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. lines 3h and 4b from line 1. If the amount is greater

5 Remaining underdistributions for years prior to 6 Remaining underdistributions for 2018. Subtract than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014. . . . . . **b** Excess from 2015. . . . . c Excess from 2016. . . . .

### **Additional Data**

### Software ID: Software Version:

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

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).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# Political Campaign and Lobbying Activities

**Employer identification number** 

☐ Yes

☐ Yes

(e) Amount of political

contributions received

and promptly and

directly delivered to a separate political organization. If none, enter -0-.

□ No

☐ No

25-0965601

OMB No. 1545-0047

DLN: 93493132020970

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I-A

2 3

1

3

3

5

2

5

WASHINGTON & JEFFERSON COLLEGE

"political campaign activities")

If "Yes," describe in Part IV.

(a) Name

(Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

EZ)

SCHEDULE C (Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Political campaign activity expenditures (see instructions)

Enter the amount of any excise tax incurred by the organization under section 4955 ......

Was a correction made?

Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year?

fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(b) Address

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

(c) EIN

Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....

Complete if the organization is exempt under section 501(c)(3).

Volunteer hours for political campaign activities (see instructions) ......

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of

- If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 527 organizations: Complete Part I-A only.

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

(d) Amount paid from

filing organization's

funds. If none, enter

-0-.

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

С

expenses, and share of excess lobbying expenditures).

Page 2

	Limits on Lobbying (The term "expenditures" means		ırred.)		(a) Filing organization's totals		<b>(b)</b> Affiliated group totals
La	Total lobbying expenditures to influence public opinion	on (grass roots lobbying	)			T	
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)		[	21,00	00	
c	Total lobbying expenditures (add lines 1a and 1b)			[	21,00	00	
d	Other exempt purpose expenditures				96,287,0	57	
е	Total exempt purpose expenditures (add lines 1c and	d 1d)			96,308,0	57	
f	Lobbying nontaxable amount. Enter the amount from columns.	-			1,000,00	00	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:				
	Not over \$500,000	20% of the amount on line	1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,000	.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,00	00.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the e	xcess over \$1,500,000	).			
	Over \$17,000,000	\$1,000,000.					
g	Grassroots nontaxable amount (enter 25% of line 1f	·)		Γ	250,00	00	
h	Subtract line 1g from line 1a. If zero or less, enter -	0				0	
i	Subtract line 1f from line 1c. If zero or less, enter -0	)				0	
j	If there is an amount other than zero on either line section 4911 tax for this year?	, ,			_		☐ Yes ☐ No
	4-Year Av (Some organizations that made a columns below. See t	` '	ction do not ha	ve to co	•	ne í	five
	Lobbying Exp	enditures During 4	Year Averagin	g Period			
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 20:	.7 <b>(d)</b> 2018	8	(e) Total

	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,000.			
			_	<u> </u>	
g	Grassroots nontaxable amount (enter 25% of line 1 f	)		250,000	
h	Subtract line 1g from line 1a. If zero or less, enter -	0		0	
i	Subtract line 1f from line 1c. If zero or less, enter -0			0	
j	If there is an amount other than zero on either line section 4911 tax for this year?				☐ Yes ☐ No
	(Some organizations that made a	veraging Period Under section 501(h) section 501(h) election do not have the separate instructions for lines 2a	to con		ïve

1,000,000

250,000

1,000,000

6,530

250,000

1,000,000

32,500

250,000

1,000,000

21,000

250,000

Schedule C (Form 990 or 990-EZ) 2018

4,000,000

6,000,000

1,000,000

60,030

	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	)(	(b)
activi	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Amoun
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	n
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sectio	
	501(c)(6).			Yes
	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?			Yes I
· }	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?			Yes I
1 2 3	501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		3	Yes I
	Were substantially all (90% or more) dues received nondeductible by members?	 (5), o		Yes I
l 2 3	Were substantially all (90% or more) dues received nondeductible by members?	 (5), o		Yes I
l 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members?	(5), o		Yes I
ar	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	(5), o III-A,		Yes I
ar	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	(5), o III-A,		Yes I
ar a b	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	(5), o III-A,		Yes I
a b c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A,		Yes I
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A, l l l l l l l l l l l l l l l l l l l		Yes I
l 2 3 Par l 2 a b c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures answered "No" OR (b) Part answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A,		Yes I

Explanation

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493132020970

OMB No. 1545-0047

# **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. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

	me of the organization SHINGTON & JEFFERSON COLLEGE				Emp	oloyer identification	number
						965601	
Pa	Organizations Maintaining Donor Adv Complete if the organization answered "You				r Acc	counts.	
				sed funds		(b)Funds and other a	ccounts
	Total number at end of year						
	Aggregate value of contributions to (during year)						
	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e					_	Yes 🗆 No
•	Did the organization inform all grantees, donors, and donoritable purposes and not for the benefit of the dono private benefit?	r or donor advisor,	or for	any other purpose		ed only for ring impermissible	Yes 🗆 No
Pai	rt III Conservation Easements. Complete if t	he organization a	nswe	red "Yes" on Forr	n 990		100 110
	Purpose(s) of conservation easements held by the orga					,	
	Preservation of land for public use (e.g., recreation	•	П		histor	ically important land a	rea
	☐ Protection of natural habitat	,	<b>✓</b>			d historic structure	· <del></del>
			•	rieseivation of a	Jei tille	a mistoric structure	
	☐ Preservation of open space						
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conserva	tion co	ntribution in the fo	rm of a	a conservation  Held at the End of	Salas Vasu
а	Total number of conservation easements				2a	neid at the End of	the Year
a b	Total acreage restricted by conservation easements				2b		1.43
c	Number of conservation easements on a certified histor				2c		1.43
d	Number of conservation easements included in (c) acquistructure listed in the National Register		•	•	2d		0
l	Number of conservation easements modified, transferr tax year ► 0	ed, released, exting	juishe	d, or terminated by	the or	ganization during the	
	Number of states where property subject to conservati	on easement is loca	ated ►			<u>1</u>	
i	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	the periodic monito	ing, ir	spection, handling 	of viola	ations, <b>V</b> Yes	□ No
,	Staff and volunteer hours devoted to monitoring, inspe 16.00	ecting, handling of v	iolatio	ns, and enforcing c	onserv	ation easements durin	g the year
,	Amount of expenses incurred in monitoring, inspecting  \$ 0	, handling of violati	ons, a	nd enforcing conser	vation	easements during the	year
,	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?				70(h)(	4)(B)(i) <b>✓ Yes</b>	□ No
I	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the or					
ar	Organizations Maintaining Collections Complete if the organization answered "You	of Art, Historic			er Si	milar Assets.	
a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its fina	public exhibition,	educat	ion, or research in t			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items:	16 (ASC 958), to re	port in	its revenue staten			
1	(i) Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$	
	ii)Assets included in Form 990, Part X						
; :	If the organization received or held works of art, histor	ical treasures, or o	her si	milar assets for fina			
2	following amounts required to be reported under SFAS Revenue included on Form 990, Part VIII, line 1	, ,	_			▶ ¢	
а	·						
b	Assets included in Form 990, Part X					. ▶\$	

Par	1111	Organizations Ma	aintaining Col	lections of Art, F	listori	cal T	reası	ıres, oı	Other	Similar As	sets (conti	nued)	
3		g the organization's acq s (check all that apply):		n, and other records,	check	any of	the fo	ollowing t	hat are a	significant u	se of its coll	ection	
а	✓	Public exhibition			d		Loan	or excha	ange prog	ırams			
b	<b>✓</b>	Scholarly research			е		Othe	r					
c		Preservation for future	e generations										
4	Provi Part	ide a description of the XIII.	organization's coll	ections and explain	how the	ey furtl	her the	e organiz	ation's ex	empt purpos	se in		
5		ng the year, did the orga ts to be sold to raise fur									☐ Yes	<b></b> N	0
Pai	rt IV	Escrow and Cust	odial Arrange	ments.									
		Complete if the org X, line 21.	ganization answ	vered "Yes" on For	m 990	, Part	IV, li	ine 9, o	r reporte	d an amou	nt on Form	990,	Part 
<b>1</b> a		e organization an agent										_	
	meiu	ded on Form 990, Part 3	Af								⊔ Yes	∐ N	0
b	If "Y	es," explain the arrange	ement in Part XIII	and complete the fo	llowing	table:				Ar	mount		_
c		nning balance		•	_				1c				_
d	_	tions during the year .							1d				_
е		ibutions during the year							1e				_
f		ng balance							1f				_
2-		_								Lilitur		□ м	_
2a		the organization include								•	_	ШΝ	0
		es," explain the arrange  Endowment Fund			-								
Ρđ	rt V	Endowment run	us. Complete ii	(a)Current year		rior yea			ears back			our yeaı	re back
<b>1</b> a	Beainr	ning of year balance .		138,241,803		133,900			27,430,001		.94,295		351,735
	_	butions		1,939,456		1,978	3,512		3,561,443	· ·	26,747		870,918
		vestment earnings, gair	ns. and losses	4,547,921		10,989		1	12,833,132	·	155,285		667,671
		s or scholarships	·	7,230,548		7,280	0,599		6,206,133	5,4	138,900	5,	596,419
		expenditures for facilities		. ,		· ·				<u> </u>	,		<del></del>
		rograms		1,181,277		1,345	5,681		3,717,968	1,7	796,856	1,	099,610
f	Admin	istrative expenses .											
g	End of	f year balance		136,317,355		138,241	1,803	13	33,900,475	127,4	30,001	133,	194,295
2	Provi	ide the estimated perce	ntage of the curre	ent year end balance	(line 1	g, colu	mn (a	)) held a	s:				
а	Boar	d designated or quasi-e	ndowment 🟲	16.130 %									
b	Perm	nanent endowment 🕨	63.340 %										
С	Tem	porarily restricted endov	wment ► 20.5	30 %									
	The p	percentages on lines 2a	, 2b, and 2c shou	ld equal 100%.									
3а		here endowment funds	not in the posses	sion of the organizat	ion that	t are h	eld an	ıd admini	istered for	r the			
	-	nization by:									22(1)	Yes	No No
		nrelated organizations				•					3a(i) 3a(ii)		No
b		related organizations    . es" on 3a(ii), are the rel		s listed as required o	on Sche	dule R	?				3b		
4		ribe in Part XIII the inte	-										
Pai	rt VI	Land, Buildings,	and Equipmer	nt.									
		Complete if the or			m 990	, Part	IV, li	ine 11a.	See For	m 990, Par	t X, line 10	).	
	Descr	iption of property	(a) Cost or oth (investme		or other	basis (	other)	(c) Acc	umulated d	lepreciation	<b>(d)</b> Bo	ok valu	e
<b>1</b> a	Land					11,0	53,652					11	,053,652
	Buildir						94,882	<u> </u>		71,692,833			5,502,049
		hold improvements				,				, ,			
		ment				35.16	50,415			27,993,800		7	7,166,615
							34,746			4,928,594			3,806,152
-				1						, ,		_	. , -

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

147,528,468

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organization ans	wered "Yes" on Form 9	990, Part IV, line 11b.		
(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: of-year market value		
(1) Financial derivatives	266,703		F		
(3) Other(A) INVESTMENT IN LIMITED P-SHIP	9,290,277		F		
(B) INT'L GROWTH EQUITY FUND	3,942,779		- '		
(C) INVEST. IN OTHER HEDGE FUNDS	29,859,232				
(D) INVESTMENTS - REAL ESTATE	883,743				
(E) CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES	431,129		F		
(F) SECURITIES HELD IN TRUST BY OTHERS	6,044,609		F		
(G) ANNUITIES	2,567,910		F		
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	53,286,382		_		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on F	Form 990, Part IV, I	ine 11c. See Form 990	), Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Met	hod of valuation: of-year market value		
(1)			,		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	<b>•</b>				
Part IX Other Assets. Complete if the organization answered (a) Description		art IV, line 11d. See Forn	n 990, Part X, line 15. <b>(b)</b> Book value		
(1)	<u> </u>		(2, 222		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			. •		
<b>Part X Other Liabilities.</b> Complete if the organization a See Form 990, Part X, line 25.	answered 'Yes' on F	orm 990, Part IV, line	11e or 11f.		
1. (a) Description of liability	(b) E	Book value			
(1) Federal income taxes		2 476 001			
ACCRUED RETIREE HEALTHCARE BENEFITS FED.GOV ADVANCES FOR STUDENT LOANS		3,476,091 1,313,441			
LIABILITIES UNDER LIFE INTEREST AGREEMENT		3,522,645			
DEPOSITS HELD IN CUSTODY FOR OTHERS (5)		1,502,297			
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of	of the footnote to the o	9,814,474 erganization's financial sta	tements that reports the		
organization's liability for uncertain tax positions under FIN 48 (ASC 2		=			

Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . .

Other (Describe in Part XIII.)

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

Donated services and use of facilities . .

Prior year adjustments . . . . . .

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Schedule D (Form 990) 2018

а

b

d

е

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

3

4

Page 4

1,887,399

458,218

58,725,126

37,582,931

96.308.057

Schedule D (Form 990) 2018

2e 3 54,220,137

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

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

2a

2b

2c

2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

Total expenses and losses per audited financial statements . . . . . .

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

Subtract line 2e from line 1 . . . . . . . .

Supplemental Information

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

707,091 36,875,840 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

1,422,281

465,118

458,218

707,091

36,875,840

2e

3

4c

5

4c 37,582,931 5 91,803,068 59,183,344

Page <b>5</b>	chedule D (Form 990) 2018			
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2018

## **Additional Data**

Software ID: Software Version:

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

**Supplemental Information** 

Return Reference

N EASEMENT IS INCLUDED AS AN ASSET WITHIN THE FINANCIAL STATEMENTS OF THE COLLEGE.

Explanation

PART II, LINE 9:

WASHINGTON AND JEFFERSON COLLEGE DOES NOT INCLUDE A FOOTNOTE IN THE AUDITED FINANCIAL STAT EMENTS RELATED TO CONSERVATION EASEMENTS, HOWEVER, THE PROPERTY SUBJECT TO THE CONSERVATIO

Supplemental Information	
Return Reference	Explanation
PART III, LINE 1A:	THE COLLEGE'S COLLECTIONS INCLUDE PAINTINGS, PRINTS, PHOTOGRAPHS, SCULPTURES, DRAWINGS AND WATERCOLORS, AND DECORATIVE ARTS. THESE ITEMS ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTI FIC AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOU SLY. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS OPERATING EXPENDITURES IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE FINANCI AL STATEMENTS DUE TO IMMATERIALITY.

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upplemental Information	
Return Reference	Explanation
PART III, LINE 4:	COLLECTIONS ARE USED TO FURTHER THE EDUCATIONAL PURPOSES OF THE COLLEGE.

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Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	THE COLLEGE'S ENDOWMENT CONSISTS OF VARIOUS INVESTMENT FUNDS ESTABLISHED PRIMARILY FOR SUP PORT OF THE COLLEGE'S MISSION. ITS ENDOWMENT INCLUDES DONOR-RESTRICTED AS WELL AS BOARD-DE SIGNATED ENDOWMENT FUNDS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASS ETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE COLLEGE TO FUNCTION  AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMP OSED RESTRICTIONS. THE TRUSTEES OF THE COLLEGE HAVE ELECTED TO BE GOVERNED BY THE COMMONWE ALTH OF PENNSYLVANIA'S ACT 141 (ACT 141). ACT 141 PERMITS UTILIZATION OF A TOTAL RETURN PO LICY THAT ALLOWS A NONPROFIT TO CHOOSE TO TREAT A PERCENTAGE BETWEEN 2% AND 7% OF THE AVER AGE MARKET VALUE OF THE ENDOWMENT'S PERMANENTLY RESTRICTED INVESTMENTS AS INCOME EACH YEAR  . HOWEVER, THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE ASSETS MUST BE TAKEN INTO C ONSIDERATION WHEN THE BOARD ELECTS THE AMOUNT. ON AN ANNUAL BASIS, THE COLLEGE ELECTS A SP ENDING RATE NOT TO EXCEED 7% AS APPROVED BY THE BOARD. THE COLLEGE CLASSIFIES AS PERMANENT LY RESTRICTED NET ASSETS THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT. E ARNINGS ON THESE GIFTS ARE ACCUMULATED IN TEMPORARILY RESTRICTED NET ASSETS, UNLESS THE IN COME ON THE GIFT IS PERMANENTLY RESTRICTED. IN ACCORDANCE WITH ACT 141, THE COLLEGE HAS AD OPTED A WRITTEN INVESTMENT POLICY, OF WHICH A SECTION SPECIFICALLY RELATES TO THE ENDOWMEN T FUND. THE COLLEGE CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO SET A SPE NDING RATE: 1. PROTECTING THE CORPUS OF THE ENDOWMENT FUUND. 2. PRESERVING THE SPENDING POW ER OF THE ASSETS. 3. OBTAINING MAXIMUM INVESTMENT RETURN WITH REASONABLE RISK AND OPERATIO NAL CONSIDERATION. 4. COMPLYING WITH APPLICABLE LAWS.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	PROVISION FOR FEDERAL TAXES ON INCOME HAS NOT BEEN MADE IN THE ACCOMPANYING FINANCIAL STAT EMENTS, SINCE THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE COLLEGE IS AN EXEMPT OR GANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). THE COLLEGE HAS BEE N FURTHER CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTIONS 50 9(A)(1) AND 170(1)(A) OF THE IRC. HOWEVER, TO THE EXTENT THAT SOME AUXILIARY REVENUES EXCE ED THE RELATED EXPENSES, THEY ARE CONSIDERED UNRELATED BUSINESS INCOME AND SUBJECT TO INCO ME TAX. THE COLLEGE FOLLOWS THE PROVISIONS OF THE FASB CODIFICATION TOPIC RELATING TO ACCO UNTING FOR UNCERTAINTY IN INCOME TAXES. THIS PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AN D MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETUR N IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL STATEMENTS. THE COLLEGE'S STATE MENTS OF FINANCIAL POSITION AT JUNE 30, 2019 AND 2018 DO NOT INCLUDE ANY LIABILITIES ASSOC IATED WITH UNCERTAIN TAX POSITIONS; FURTHER, THE COLLEGE HAS NO UNRECOGNIZED TAX BENEFITS. THE COLLEGE BELIEVES THAT IT IS NO LONGER SUBJECT TO EXAMINATION OF ITS TAX RETURNS FOR Y EARS PRIOR TO 2016.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COSTS OF GOODS SOLD 266,711. RENTAL EXPENSES 169,582. SPECIAL EVENT EXPENSES 21,925. CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS 6,900.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	STUDENT FINANCIAL AID 36,875,840.

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COSTS OF GOODS SOLD 266,711. RENTAL EXPENSES 169,582. SPECIAL EVENT EXPENSES 21,925.

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	STUDENT FINANCIAL AID 36,875,840.

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Supplemental Information	
Return Reference	Explanation
PART V, LINE 1, COLUMN (B)	THE BEGINNING BALANCE OF ENDOWMENT FOR FISCAL YEAR ENDED JUNE 30, 2015 AND THE ACTIVITY FO R ALL FOLLOWING YEARS WERE ADJUSTED TO REFLECT A RESTATEMENT ON THE AUDITED FINANCIAL STAT EMENTS.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132020970 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ► Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** WASHINGTON & JEFFERSON COLLEGE 25-0965601 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 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? 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," 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 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: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . 5g Νo 5h No 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? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . 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. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990EZ) (2018)	Page <b>2</b>					
<b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).						
Return Reference	Explanation					
SCHEDULE E, PART I, LINE 3	WASHINGTON AND JEFFERSON COLLEGE ACTIVELY RECRUITS STUDENTS IN ALL 50 STATES, WASHINGTON, D.C., PUERTO RICO, THE VIRGIN ISLANDS AND VARIOUS INTERNATIONAL COUNTRIES. IT IS THE OPINION OF THE COLLEGE THAT IT WOULD BE COST PROHIBITIVE TO PUBLICIZE THE COLLEGE'S NONDISCRIMINATION POLICY (AS TO RACE, COLOR, SEX, HANDICAP, AGE, OR NATIONAL ORIGIN) THROUGH NEWSPAPER OR BROADCAST MEDIA IN SUCH A LARGE GEOGRAPHICAL AREA. THE COLLEGE'S RACIAL NONDISCRIMINATION POLICY (AND OTHER AFOREMENTIONED NONDISCRIMINATORY POLICIES) ARE PUBLISHED IN THE COLLEGE'S CATALOGUES, PROGRAM PROFILES, FINANCIAL AID BROCHURE, APPLICATION FORM, COLLEGE PUBLICATIONS AND OTHER WRITTEN COMMUNICATIONS WHICH ARE ROUTINELY PROVIDED TO ALL PROSPECTIVE STUDENTS. THIS POLICY IS ALSO POSTED ON THE COLLEGE'S INTERNET WEBSITE.					

SCHEDULE E, PART I, LINE 6 IN THE COURSE OF OUR BUSINESS AS A COLLEGE, THE INSTITUTION

RECEIVES FEDERAL GRANTS. Schedule F (Form 990 or 990-F7) (2018)

efile GRAPHIC prin	t - DO NOT I	PROCESS	As Filed Data -			DLN:	93493132020970	
SCHEDULE F (Form 990)	State	ement of	Activities (	OMB No. 1545-0047				
Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  Attach to Form 990.					5, or 16.	2018		
Department of the Treasury Internal Revenue Service	•	► Go to <i>www.irs</i>	.gov/Form990 for i	nstructions and the latest in	ctions and the latest information.  Open to Public Inspection			
Name of the organization WASHINGTON & JEFFERS						Employer iden 25-0965601	tification number	
	I <b>nformation</b> , Part IV, line		s Outside the U	<b>Inited States.</b> Comple	ete if the	organization a	nswered "Yes" to	
other assistance,	ntmakers. Does the organization maintain records to substantiate the amount of its grants and sistance, the grantees' eligibility for the grants or assistance, and the selection criteria used the grants or assistance?							
2 For grantmaker outside the United		Part V the org	ganization's proce	dures for monitoring the	use of it	s grants and otl	ner assistance	
<b>3</b> Activites per Regio	n. (The followir	ng Part I, line 3	table can be dupli	cated if additional space is	s needed.)	)		
(a) Region  (b) Number of offices in the region  (c) Number of employees, agents, and independent contractors in region  (d) Activities region (b' fundraisi services, inverse in region to recipient to					program service, describe specific type of in region service(s) in region			
See Add'l Data								
3a Sub-total b Total from continua			0 0				1,206,167 27,211,519	
Part I . c Totals (add lines 3	a and 3b)		0 0				28,417,686	
For Paperwork Reduction	Act Notice see	a the Instructio	ns for Form 990	Cat	No. 5008	2W Schedul	le F (Form 990) 2018	

chedule F (Form 990) 2018							Page 3
Part III Grants and Oth Part III can be du				ed States. Complete if	the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
(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)
See Add'l Data							эррэнээ, энгэ

Sched	dule F (Form 990) 2018		Page <b>4</b>
Par	Toreign 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)	<b>✓</b> 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; don't file with Form 990)	Yes	<b>☑</b> 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	<b>☑</b> 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).	<b>✓</b> 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)	<b>☑</b> Yes	□No
_		L Tes	□ 1 <b>10</b>
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; don't file with Form 990).	□Yes	<b>☑</b> No

Schedule F (Form	990) 2018 Page <b>5</b>
Prov amo met any	pplemental Information vide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; punts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting chod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide additional information (see instructions).  F, Supplemental Information
Return Reference	Explanation
PART I, LINE 2:	THE GRANT FUNDS AWARDED TO STUDENTS ARE APPLIED DIRECTLY TO THEIR STUDENT ACCOUNTS. USAGE IS MONITORED BY VIRTUE OF DIRECT ACCOUNT POSTING.

## **Additional Data**

BARBUDA, ARUBA, BAHAMAS,

EAST ASIA AND THE PACIFIC

## Software ID: Software Version:

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

STUDY ABROAD

112,481

## 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
CENTRAL AMERICA AND THE	0	0	PROGRAM SERVICES	STUDY ABROAD	42,596

0 PROGRAM SERVICES

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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES STUDY ABROAD 850,720 & GREENLAND) MIDDLE EAST AND NORTH 0 PROGRAM SERVICES STUDY ABROAD 13,322 AFRICA

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 fundraising, program describe specific type of reaion agents in services, grants to service(s) in region region recipients located in the reaion) 0 PROGRAM SERVICES ISTUDY ABROAD 108,453 SOUTH AMERICA NORTH AMERICA 0 PROGRAM SERVICES ISTUDY ABROAD 871

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 fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) RUSSIA 0 PROGRAM SERVICES ISTUDY ABROAD 27,934 SUB-SAHARAN AFRICA 0 PROGRAM SERVICES ISTUDY ABROAD 49,790

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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) SOUTH ASIA 0 PROGRAM SERVICES STUDY ABROAD 230 EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES INTERNATIONAL 44,299 & GREENLAND) RECRUITING

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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) FAST ASIA AND THE PACIFIC 0 PROGRAM SERVICES INTERNATIONAL 61,346 RECRUITING MIDDLE EAST AND NORTH 0 PROGRAM SERVICES INTERNATIONAL 363 AFRICA RECRUITING

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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) NORTH AMERICA 0 PROGRAM SERVICES INTERNATIONAL 1,930 RECRUITING SOUTH AMERICA 0 PROGRAM SERVICES INTERNATIONAL 102 RECRUITING

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					
CENTRAL AMERICA AND THE CARIBBEAN	0	_	GRANTS TO RECIPIENTS LOCATED IN REGION	INTERNATIONAL STUDIES	37,098					
EAST ASIA AND THE PACIFIC	0		GRANTS TO RECIPIENTS LOCATED IN REGION	INTERNATIONAL STUDIES	330,206					

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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) EUROPE (INCLUDING ICELAND 0 IGRANTS TO RECIPIENTS INTERNATIONAL STUDIES 941,515 & GREENLAND) LOCATED IN REGION MIDDLE EAST AND NORTH 0 IGRANTS TO RECIPIENTS INTERNATIONAL STUDIES 5,267 AFRICA LOCATED IN REGION

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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) INTERNATIONAL STUDIES NORTH AMERICA 0 IGRANTS TO RECIPIENTS 2,757 LOCATED IN REGION SOUTH AMERICA 0 IGRANTS TO RECIPIENTS INTERNATIONAL STUDIES 170,067 LOCATED IN REGION

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 fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) SUB-SAHARAN AFRICA 0 IGRANTS TO RECIPIENTS INTERNATIONAL STUDIES 18,443 LOCATED IN REGION CENTRAL AMERICA AND THE 0 INVESTMENTS 25,597,896 CARIBBEAN

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement valuation (book, non-cash non-cash recipients assistance assistance FMV, appraisal, other) 13 37,098 CREDIT TO N/A IN/A STUDENT AID CENTRAL ISTUDENT'S AMERICA AND ACCOUNTS FOR THE CARIBBEAN FINANCIAL AID STUDENT ATD 49 330,206 CREDIT TO IN/A IN/A EAST ASIA AND

ISTUDENT'S

ACCOUNTS FOR

THE PACIFIC

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (g) Description of (h) Method of (f) Amount of or assistance of cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) STUDENT AID 141 941,515 | CREDIT TO IN/A IN/A EUROPE ISTUDENT'S (INCLUDING **IACCOUNTS FOR** ICFLAND & FINANCIAL AID GREENLAND) 5.267 CREDIT TO IN/A STUDENT AID IN/A MIDDLE EAST ISTUDENT'S AND NORTH **IACCOUNTS FOR** AFRICA IFINANCIAL AID

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 (g) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) STUDENT AID 2.757 CREDIT TO IN/A IN/A INORTH ISTUDENT'S IAMERICA **IACCOUNTS FOR** FINANCIAL AID 20 170.067 CREDIT TO N/A STUDENT AID N/A ISOUTH ISTUDENT'S IAMERICA IACCOUNTS FOR IFINANCIAL AID

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 (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) STUDENT AID 14 18.443 CREDIT TO N/A IN/A SUB-SAHARAN ISTUDENT'S AFRICA IACCOUNTS FOR IFINANCIAL AID

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Info

## Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

2018

Open to Public Inspection

**DLN: 93493132020970**OMB No. 1545-0047

Internal Revenue Service
Name of the organiz

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

ame of the organization	· <b>-</b>					Employer lac	entification number
ASHINGTON & JEFFERSON COLLEG	)C					25-0965601	
Part I Fundraising Activit Form 990-EZ filers ar	•	_			orm 990,	Part IV, line	17.
Indicate whether the organizati	ion raised funds tl	hrough an	y of the fo	ollowing activities. Check	all that a	pply.	
Mail solicitations			е	Solicitation of nor	n-governm	ent grants	
<b>b</b> Internet and email solicitati	☐ Internet and email solicitations f☐ Solicitation						
c Phone solicitations			g	Special fundraisin	g events		
d 🔲 In-person solicitations							
a Did the organization have a wri						· ~ —	es 🗆 No
If "Yes," list the ten highest pai to be compensated at least \$5,			ndraisers)	pursuant to agreement	s under wh	nich the fundrais	ser is
) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust con	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		1					
otal			. ▶				
List all states in which the organi licensing.	zation is registere	d or licen	sed to soli	cit contributions or has l	been notifi	ed it is exempt	from registration or

Sche	dule G (Form 990 or 990-EZ) 2018						Page 3
11	Does the organization conduct ga	ming activities with nonmembers	5?		☐ Yes	Пио	
12	Is the organization a grantor, ber formed to administer charitable g		member of a partnership or other entity		□Yes		
13	Indicate the percentage of gamin	g activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events books and r	ecords:			
	Name						
	Address •						
	revenue?		m the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gam amount of gaming revenue retain		anization ▶ \$ and tl 	ne			
С	If "Yes," enter name and address	of the third party:					
	Name •						
	Address►						
16	Gaming manager information:						
	Name ▶						
	Gaming manager compensation	• \$					
	Description of services provided	·					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	Is the organization required unde retain the state gaming license?		stributions from the gaming proceeds to		☐Yes	□No	
b	Enter the amount of distributions in the organization's own exempt		Ited to other exempt organizations or spent \$		33		
Pai	t IV Supplemental Inform	nation. Provide the explanat	ions required by Part I, line 2b, column licable. Also provide any additional info				 s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

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

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

Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2018

DLN: 93493132020970

Open to Public Inspection

Name of the organization						Employer identi	fication number
WASHINGTON & JEFFERSON COL	LEGE					25-0965601	
Part I General Informa	ation on Grants	and Assistance					
Does the organization main the selection criteria used t						ce, and	☑ Yes ☐ No
2 Describe in Part IV the orga							⊡ les □ M
			nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, lii	ne 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other</li></ul>	. , . ,	-				· · · · • • <u>- • </u>	
For Paperwork Reduction Act Notic				Cat. No. 50055			chedule I (Form 990) 2018

Page 2

N/A

0 N/A (3) STUDENT ASSISTANCE, STUDENT AWARDS (3) (4)

557.307

170

Schedule I (Form 990) 2018

(5) (6)

(7)

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

Part IV

Return Reference Explanation

PART I, LINE 2: GRANT FUNDS AWARDED TO STUDENTS ARE APPLIED DIRECTLY TO THEIR STUDENT ACCOUNTS. USAGE IS MONITORED BY VIRTUE OF DIRECT ACCOUNT POSTING. ELIGIBILITY AND AWARDING OF THE GRANTS IF DETERMINED BY THE FINANCIAL AID OFFICE.

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19313	32020	970	
Schedule J		Co	mpensati	ion Information	40	1B No.	1545-0	0047	
(For	m 990)	For certain Office							
		► Complete if the orga		ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2018			
Б			▶ Attach	to Form 990. instructions and the latest inform			to Pul		
•	tment of the Treasury al Revenue Service	P GO to <u>www.ns.got</u>	7 <u>71 01111990</u> 101	mistructions and the latest morni	ation.		ectio		
	me of the organiza SHINGTON & JEFFER				Employer identificat	ion nu	ımber		
	SHINGTON & SELLEN	SON COLLEGE			25-0965601				
Pa	rt I Questi	ons Regarding Compensat	ion						
					_		Yes	No	
1a				the following to or for a person listed y relevant information regarding these					
		or charter travel	lacksquare	Housing allowance or residence for p					
	_	companions		Payments for business use of person					
		nification and gross-up payments	✓	Health or social club dues or initiation Personal services (e.g., maid, chauffe					
	Discretion	ary spending account		Personal services (e.g., maid, chaum	eur, cher)				
b		kes in line 1a are checked, did th ill of the expenses described abo		ollow a written policy regarding payme plete Part III to explain	ent or reimbursement	<b>1</b> b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked in line	1.2	2	Yes		
	directors, truste	es, officers, including the CEO/E	Recutive Directo	r, regarding the items checked in line	la:				
3				ed to establish the compensation of the not check any boxes for methods	e				
	_	•		CEO/Executive Director, but explain in	Part III.				
	<b>✓</b> Compensa	ation committee	<b>✓</b>	Written employment contract					
		ent compensation consultant	<b>\overline{\sigma}</b>	Compensation survey or study					
		of other organizations	<b>✓</b>	Approval by the board or compensati	ion committee				
4	During the year, related organiza		90, Part VII, Se	ction A, line 1a, with respect to the fili	ing organization or a				
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a	Yes		
b		• • •		ified retirement plan?		4b		No	
c	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Part	III.				
	Only E01(a)(2	), 501(c)(4), and 501(c)(29)	organizations	must complete lines E-0					
5			=	the organization pay or accrue any					
		ontingent on the revenues of:		<b>.</b>					
а	The organization	1?				5a		No	
b						5b		No	
	,	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of:		the organization pay or accrue any					
а	-	1?				6a		No	
b						6b		No	
7	•	6a or 6b, describe in Part III.	الله علام الم						
7	payments not de	escribed in lines 5 and 6? If "Yes,	," describe in Pa	the organization provide any nonfixed rt III		7		No	
8	subject to the in	itial contract exception described	l in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," det		8		No	
9	If "Yes" on line 8	3, did the organization also follov	v the rebuttable	presumption procedure described in F	Regulations section	9		No_	
For F	Panerwork Redu	ction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 50	0053T Schedule J		1 990)	2018	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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.

Note. The sum of column	s (B)	)(i)-(iii) for each listed inc	dividual must equal the to	tal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	) and (E) amounts for tha	t individual.	
(A) Name and Title			of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1 DR JOHN C KNAPP PRESIDENT/TRUSTEE	(i)	378,105	0	1,755	59,080	57,693	496,633	0	
	(ii)	0	0	0	0	0	0	0	
2 THOMAS SZEJKO SEE SCHEDULE O	(i)	125,100	0	1,863	9,868	23,546	160,377	0	
	(ii)	0	0	0	0	0	0	0	
3 MICHAEL GRZESIAK VP OF	(i)	172,074	0	5,586	13,798	15,693	207,151	0	
DEVELOPMENT & ALUMNI ENGAGEMENT	(ii)	0	0	0	0	0	0	0	
4 EVA CHATTERJEE-SUTTON	(i)	133,845	0	963	10,951	32,343	178,102	0	
VP OF STUDENT LIFE, DEAN OF STUDENTS	(ii)	0	0	0	0	0	0	0	
5 MAX MILLER PROFESSOR	(i)	148,309	0	0	7,290	15,396	170,995	0	
PROFESSOR	(ii)	0	0	0	0	0	0	0	
6 DENNIS MCMASTER FORMER OFFICER	(i)	101,441	0	62,958	7,353	7,237	178,989	0	
1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(ii)	0	0	0	0	0	0	0	
-									
							Schedule	J (Form 990) 2018	

Page 3								
Part III Supplemental Inform	Part III Supplemental Information							
Provide the information, explanation, or	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							
· · · · · · · - <b>,</b> · · ·	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: FOR THE COLLEGE'S CONVENIENCE AND TO ENABLE THE PRESIDENT TO CARRY OUT HIS RESPONSIBILITIES, THE COLLEGE REQUIRES THE PRESIDENT TO LIVE IN THE PRESIDENT'S HOUSE, WHICH IS LOCATED ON THE COLLEGE CAMPUS, DURING HIS ITERM AS PRESIDENT, CLUB MEMBERSHIPS: IN ORDER THAT THE PRESIDENT MAY ENTERTAIN POTENTIAL DONORS AND OTHER BUSINESS ASSOCIATES OF THE							

ENCOURAGE EDUCATIONAL AND GOOD BUSINESS RELATIONSHIPS, WASHINGTON & JEFFERSON COLLEGE MAKES AVAILABLE SOCIAL CLUB MEMBERSHIP TO

COLLEGE, THE COLLEGE PAYS FOR MEMBERSHIP AT THE DUQUESNE CLUB. ALL PERSONAL CHARGES ARE THE PRESIDENT'S RESPONSIBILITY. IN ADDITION, TO

Schedule 1 (Form 990) 2018

ISELECT SENIOR MANAGEMENT.

eturn Reference	Explanation
E 4A	FORMER VP FOR BUSINESS & FINANCE RECEIVED SEVERANCE PAYMENT IN THE AMOUNT OF \$45,957 IN FISCAL YEAR ENDED JUNE 30, 2019.

PART I

Ref

I (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132020970 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number WASHINGTON & JEFFERSON COLLEGE 25-0965601 **Bond Issues** Part I (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No 25-1437320 938598BO1 12-21-2017 57,234,942 REFUNDING OF 2010 SERIES Х WASHINGTON COUNTY Χ INDUSTRIAL DEVELOPMENT AUTHORITY **Proceeds** Part II C D 2 3 57,234,942 5 7 479,595 8 9 10 11 56,755,347 12 13 2017 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? . . . . 14 Were the bonds issued as part of an advance refunding issue? . . . . . Χ 15 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part III **Private Business Use** В C D Α Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2018 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Exception to rebate? . . . . . . . . .

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

Was the hedge superintegrated? . . . . . . Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

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)

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

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

Enter the percentage of financed property used in a private business use by entities other than

Schedule K (Form 990) 2018

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page **2** 

No

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Α

No

Χ

Χ

Χ

Χ

Χ

Χ

Yes

В

No

Yes

Α

Nο

Χ

Χ

Χ

Χ

Χ

Yes

В

No

C

No

Yes

C

No

Yes

Were gross proceeds invested in a guaranteed investment contract

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** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

the GIC satisfied? . . . . . . . .

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

No

Yes

Χ

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

No

Yes

No

Yes

Yes

No

No

Yes

Nο

Page 3

No

No

D

Yes

Schedule K (Form 990) 2018

Yes

efile GRAPHIC pri	nt - DO NO	T PROCES	S As Fi	iled Data -					DL	N: 93	49313	202097
Schedule L (Form 990 or 990-EZ)	► Complet			ns with Ir				25a, 2	25b, 26		MB No. 1!	545-0047
	27, 28a, 28b, or 28 ▶ Attac				nswered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, c, or Form 990-EZ, Part V, line 38a or 40b. h to Form 990 or Form 990-EZ.				· 1	2018		
Department of the Treasury										(	pen to	
nternal Revenue Service Name of the organizat	ion						le.	mplo	vor ida	ntifica	Inspe	
WASHINGTON & JEFFERS								•	•	HILITICA	ition nu	iibei
Part I Excess Be	mafit Turn	anations (	ti F01/	(-)(2)ti	F01/-)/4)	L FO1/-\(20)			5601			
				(c)(3), section! form 990, Part:								
1 (a) Nam	e of disqualit	ied person	(b)	Relationship be		lified person a	nd	` '	escript		(d) (	Corrected
					organization			tr	ansacti	on	Yes	No
							-					
Complete reported	if the organi an amount o Relationship	zation answe n Form 990, l	rested Persons.  Pered "Yes" on Form 990-EZ, Part V, line 38a, or Form 9 Part X, line 5, 6, or 22  (d) Loan to or from the organization?  (e)Original of Balance due amount		(g)	(g) In (h) default? Approve board		h) ved by rd or	) (i)Written ed by agreement?			
			То	From	-		Yes No		Yes	No	Yes	No
				110111			1.00	110	1.00		1.00	
otal				<b>&gt;</b>	<b>\$</b>							
				<b>ested Perso</b> es" on Form <sup>o</sup>		line 27						
Complete if the organization answered  (a) Name of interested person  (b) Relationship betwee interested person and the		between		(c) Amount of assistance (d) Type of		of assi	assistance (e) Purpose of assistan		assistance			
organization (1)		ion		20.000	SCHOLARSHI	P		Fr	DUCATI	ONAL		
2)					16,000	SCHOLARSHI	Р		E	DUCATI	ONAL	
or Paperwork Reduction	Act Notice, s	ee the Instru	ctions for Fo	rm 990 or 990-l	<b>EZ.</b> Ca	t. No. 50056A		Scl	hedule I	L (Form	990 or 9	90-EZ) 20

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) MARTHINSEN & SALVITTI INSURANCE GROUP	MAJORITY OWNER	,	CURRENT TRUSTEE HAS OWNERSHIP INTEREST IN INSURANCE PROVIDER.		No	

Explanation

Schedule L (Form 990 or 990-EZ) 2018

# Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**Return Reference** 

DLN: 93493132020970 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** WASHINGTON & JEFFERSON COLLEGE 25-0965601 Part I Types of Property (a) (b) (c) (d) 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 . . Χ Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 17 1,834,661 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Χ 62,895 FMV Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ► ( \_\_\_ 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) Number of Forms 8283 received by the organization during the tax year for contributions 29 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 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **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, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2018)	Page <b>2</b>
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
	THE NUMBER SHOWN IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS THE COLLEGE RECEIVED FOR EACH TYPE OF PROPERTY FOR THE YEAR ENDED JUNE 30, 2019.
·	A ZERO AMOUNT WAS REPORTED ON FORM 990, PART VIII, LINE 1G FOR THE WORKS OF ART RECEIVED, BECAUSE THE COLLEGE DID NOT CAPITALIZE ITS COLLECTIONS, AS ALLOWED UNDER SFAS 116 (ASC 958-360-25).
	Schedule M (Form 990) (2018)

efile GRAPH	IC prin	t - DO NOT PROCESS   As Filed Data -		DLN:	93493132020970	
SCHEDUL (Form 990 or EZ)	990-	Complete to provide information for Form 990 or 990-EZ or to provi ▶ Attach to Form	on to Form 990 or 990-EZ or responses to specific questions on ovide any additional information.  orm 990 or 990-EZ.  990 for the latest information.  OMB No. 1545  Open to Pu Inspectio			
<b>Name</b> l <b>B€the</b> เอโด WASHINGTON & JE			Employer ident 25-0965601			
990 Schedule	e O, Su	pplemental Information				
Return Reference			Explanation			
FORM 990, PART VI, SECTION A, LINE 1	EN THE FFICEF OLUTION AND TE APPRO CCEPT TO THE AKE AN RIZED HIN AN OPERA AT THE ER, TH IRABILL E COM	RECUTIVE COMMITTEE SHALL HAVE THE FULL BOARD OF TRUSTEES IS NOT IN SESSION, E. SOF THE BOARD; THE AMENDMENT OR REPEON OF THE BOARD; THE CREATION OR DISSOLERMINATION OF THE PRESIDENT OF THE COLIDIVAL OF THE ANNUAL BUDGET AND COMPREH ANNUAL OF AUDITED STATEMENTS; THE APPROECULEGE'S MISSION STATEMENT; PROVIDED BY A RESOLUTION OF THE BOARD OF TRUSTED BY A RESOLUTION OF THE BOARD OF TRUSTED BY TWELVE-MONTH PERIOD, EXPENDITURES UNTION OF THE COLLEGE, PRESSING CIRCUMS COMMITTEE (1) DULY CONSIDERS THE NATURE IMPORTANCE OF TIMING, THE LENGTH OF THE OF FULL BOARD APPROVAL; (2) OBTAINS TIMITTEES, AND (3) DETERMINES THAT ANY SUCITH THE MISSION OF THE COLLEGE.	XCEPT FOR: THE ELECTION OF THE COLLEGE CHART OF THE COLLEGE CHART OF THE AWARDING OF DEVELOR OF THE AWARDING OF DEVELOR OF THE EXECUTION, IF AND TO THE EXTENSIVE FEELOR OF THE EXECUTIVE COMMITHE THE EXECUTIVE COMMITHE THE EXECUTIVE COMMITHE TO \$500,000 IN CONNECTION OF THE COMMITHE OP THE SAND FAVORABLE OP THE IMPORTANCE AND COSTINE UNTIL THE NEXT BOARD THE APPROVAL OF THE CHAIF	OF THE TRUSTEE ER OR BYLAWS, IHE BOARD; THE GREES AND TEN ROOM AND BOA ENT POLICIES; AN CUTIVE COMMITT ENT SPECIFICALL ITEE MAY AUTHO ON WITH THE DA' PORTUNITIES; P OF THE PARTICI MEETING, AND T RS OF ALL APPRO	S AND O OR ANY RES ELECTION URE; THE RD); THE A ND CHANGES TEE MAY T YY AUTHO DRIZE, WIT Y-TO-DAY ROVIDED TH JLAR MATT THE DES DPRIAT	

Return Explanation
Reference

LINE 2

FORM 990, BUSINESS RELATIONSHIP: LYN M. DYSTER, PH.D. AND VICTOR LAZZARO, JR. PART VI, SECTION A.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

FORM 990,	THE FORM 990 IS REVIEWED BY THE ASSOCIATE VICE PRESIDENT FOR BUSINESS & FINANCE AND THE VP
PART VI,	OF BUSINESS & FINANCE. HIGHLIGHTS OF THE FORM ARE THEN REVIEWED WITH THE PRESIDENT OF THE
SECTION B,	COLLEGE. THE FORM IS AVAILABLE TO THE BOARD ONLINE, FOR THEIR REVIEW, AND IS PRESENTED TO
LINE 11B	THE AUDIT COMMITTEE FOR THEIR REVIEW AND APPROVAL, PRIOR TO FILING WITH THE INTERNAL REVE
	NUE SERVICE.

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	-PRESIDENT: THE EMPLOYMENT CONTRACT INCLUDED A SALARY/BENEFITS REVIEW PERFORMED BY AN UNRE LATED THIRD PARTY ON BEHALF OF THE BOARD OF TRUSTEES, AND THE CONTRACT WAS APPROVED BY AN INDEPENDENT BOARD. THE PROCESS INCLUDED AN ANALYSIS OF COMPARABLE SALARY AND BENEFIT DATA. THE BOARD APPROVAL WAS DOCUMENTED IN THE MINUTESVP FOR BUSINESS AND FINANCE: THE COLLE GE SUBCONTRACTED TO AN UNRELATED CONSULTANT GROUP FOR A SALARY AND BENEFITS REVIEW, INCLUD ING AN ANALYSIS OF COMPARABLE DATA, AND ASSISTANCE WITH THE HIRING PROCESS. THE BOARD AND THE SENIOR STAFF ALSO PARTICIPATED IN THE PROCESS.

Return Explanation
Reference

LINE 19

FORM 990,	THE COLLEGE MAKES ITS GOVERNANCE DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA
PART VI,	TEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST, TYPICALLY VIA EMAIL.
SECTION C,	

Return Explanation

FORM 990,	THOMAS SZEJKO, INTERIM VP FOR BUSINESS & FINANCE (THRU 6/27/19), ASSOCIATE VP FOR BUSINESS & FINANCE
PART VII,	(AS OF 6/27/19)
OFFICER	
TITLE:	

Return Explanation Reference

FORM 990. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 6.900.

PART XI. LINE 9:

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

## 990 Schedule O, Supplemental Information Return Explanation

Reference		
FORM 990,	THE FOLLOWING INDIVIDUALS SERVE AS EMERITUS TRUSTEES OF WASHINGTON & JEFFERSON COLLEGE WIT	
PART VII,	H NO VOTING RIGHTS: EDWINA W. CAMERON, DR. WALTER COOPER, DR. JOHN R. ECHEMENT, JOHN E. FR	
EMERITUS	AZIER II, M.D., DR. JOSEPH A. HARDY, SR., JAMES H. KNEPSHIELD, M.D., WILLIAM N. MACARTNEY	
TRUSTEES:	III, JOHN L.S. NORTHROP, RONALD V. PELLEGRINI, M.D., JAMES L. PHILLIPS, M.D., ANICA D. RAW	
	NSLEY, E. RONALD SALVITTI, M.D., RONALD P. SANDMEYER, SR., ROBERT H. SHOOP, JR., ROBERT B.	
	SHUST. WILLIAM M. STOUT. WALTER FLAMENBAUM AND FRANK RUMORE.	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493132020970 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** WASHINGTON & JEFFERSON COLLEGE 25-0965601 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. **(g)** Section 512(b) (b) (a)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No

Cat. No. 50135Y

Schedule R (Form 990) 2018

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one or more related organizations treated as a partnership du (a)  Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomina income(rela unrelatec excluded fr tax unde sections 51	ted, total incom , om r		<b>(†</b> Dispropi allocal	rtionate	(i) Code V- amount ir 20 of Schedule (Form 10	K-1 (65)	<b>(j)</b> General managir partner	or Perd g own ?	(k) centa nersh
		1			<u> </u>			Yes	No		,	Yes N	•	
												-+	+	
V Identification of Related Ord	panizations Taxable as a C	Corporation o	or Trust	t Complete	if the orga	anization ans	wered "Yes	" on Fo	orm 99	90. Part	IV. I	ine 34		
V Identification of Related Org because it had one or more rela	ated organizations treated as	a corporation	or trus		ie tax yeār			" on Fo		90, Part				
		c a corporation  (c)  Leg dom (state or	or trus c) gal nicile r foreign	st during th			wered "Yes  (f) Share of tota income	l Share	(g) e of end- year assets	-of- F	IV, I	age	Section (13) co	n ! on tit
because it had one or more rela (a) Name, address, and EIN of	ated organizations treated as	a corporation (c	n or trus gal nicile r foreign ntry)	Direc	(d) t controlling entity  INGTON &	(e) Type of entity (C corp, S corp,	<b>(f)</b> Share of tota	l Share	(g) e of end- year	-of- F	(h) ercent	age	Section (13) co	n ! on tit
(a) Name, address, and EIN of related organization	ated organizations treated as  (b)  Primary activity	corporation (c) Leg dom (state or	n or trus gal nicile r foreign ntry)	ot during th	(d) t controlling entity  INGTON & RSON	(e) Type of entity (C corp, S corp,	<b>(f)</b> Share of tota	l Share	(g) e of end- year	-of- F	(h) ercent	age	Section (13) co	tit
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because it had one or more related.  (a)  Name, address, and EIN of related organization  ITABLE REMAINDER UNITRUST (8)	eted organizations treated as  (b) Primary activity  PHILANTHROPY	(c) (c) (c) (domination (state or coun	or trus c) gal picile r foreign ntry)	Direct WASH:  WASH:  JEFFEF COLLE  WASH:  JEFFEF	(d) t controlling entity  INGTON & RSON GE  INGTON & RSON GE	(e) Type of entity (C corp, S corp,	<b>(f)</b> Share of tota	l Share	(g) e of end- year	-of- F	(h) ercent	age	Section (13) co	n : on tit
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Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h		1h		No
i	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
p	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)			
	Name of related organization  Transaction Amount involved Method of determining am type (a-s)	ount ir	volved	

Page **3** 

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.

		<u>_</u>	<del></del>										
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity		sections 512-		section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	?	<b>(k)</b> Percentage ownership
			514)	Yes	No		<u> </u>	Yes	No		Yes	No	ı
										Schedul	e R (Form	1 990	0) 2018

chedule R (Form 990) 2018							
Part VII	Supplemental Information						
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).					
Return Reference		Explanation					