# **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.

OMB No. 1545-0047

DLN: 93493134009221

Open to Public

Form <b>99</b> (
Department of th
Treasury
I

Treasu	•	nue Servic	, do to <u>www.ms.qo</u>	or manacions and the	i latest iiii	ormation.		Inspection			
				ning 07-01-2019 , and ending 06-	30-2020						
		pplicable:	C Name of organization WASHINGTON & JEFFERSON COLLEG			D Employer id	lentifi	cation number			
		change	WASHINGTON & JETTERSON COLLEG	<b>L</b>		25-096560	1				
	me ch tial rel	-	Doing business as								
		n/terminate	1								
		d return	60 S LINCOLNI STREET	il is not delivered to street address) Room/s	uite	E Telephone nu					
⊔ Ар	plication	on pending	City or town, state or province, count	and ZID or foreign pootal and		(724) 223-	6009				
			WASHINGTON, PA 15301	ry, and ZIP or foreign postar code		<b>G</b> Gross receip	tc d 1/1	0 647 706			
			<b>F</b> Name and address of principal	officer:	H(a) To	s this a group return					
			DR JOHN C KNAPP			s this a group returr ubordinates?	TOF	□Yes <b>☑</b> No			
			60 S LINCOLN STREET WASHINGTON, PA 15301		H(b) A	re all subordinates		Yes No			
I Ta	x-exer	npt status	<u> </u>	nsert no.) 4947(a)(1) or 527	1	icluded? <sup>:</sup> "No," attach a list.	(see i				
J W	ebsit	te:▶ W\	WW.WASHJEFF.EDU	1327 (a)(1) (i 2) 327	1	roup exemption nu	•	•			
<b>K</b> Form	n of o	rganizatior	n: 🗹 Corporation 🗌 Trust 🔲 Assoc	iation  Other	<b>L</b> Year of t	formation: 1781 M	State o	of legal domicile: PA			
Pa	art I		<b>nmary</b> scribe the organization's mission or	most significant activities:							
a)				OF SKILLS, KNOWLEDGE, AND PERSON	IAL QUALIT	IES.					
) L	-										
E E	-										
Governance	2	Check th	nis box $\blacktriangleright \Box$ if the organization disc	continued its operations or disposed of	more than	25% of its net asse	ţs.				
Ġ	3	Number	of voting members of the governing	g body (Part VI, line 1a)		•	3	37			
<b>20</b>	4	Number	of independent voting members of	the governing body (Part VI, line 1b)			4	1,24			
Æ	1	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)									
Activities &	1	6	32!								
٩	1			VIII, column (C), line 12		• •	7a	-10,229			
	Ь	Net unre	elated business taxable income from	Form 990-T, line 39	· · ·	Prior Year	7b	Cumant Vacu			
	8	Contribu	tions and grants (Part VIII, line 1h)			6,334,037		<b>Current Year</b> 8,538,82			
₹	1		service revenue (Part VIII, line 2g)			82,222,324		74,015,97			
Ravenue	1	-	ent income (Part VIII, column (A), li			3,267,544					
æ	1		venue (Part VIII, column (A), lines 5	•		-20,837	1,				
	1			et equal Part VIII, column (A), line 12)		91,803,068		82,152,31			
	_		and similar amounts paid (Part IX, co			36,875,840	35,576				
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)		0					
\$8	15	Salaries	other compensation, employee ber	nefits (Part IX, column (A), lines 5-10)		28,916,895		31,856,99			
Expenses	16a	Professi	onal fundraising fees (Part IX, colum	nn (A), line 11e)		12,088					
edo	ь	Total fund	Iraising expenses (Part IX, column (D), li	ne 25) ▶1,907,755							
Œ.	17	Other ex	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		30,503,234		27,442,69			
	18	Total ex	penses. Add lines 13–17 (must equa	al Part IX, column (A), line 25)		96,308,057		94,876,23			
	19	Revenue	e less expenses. Subtract line 18 fro	m line 12		-4,504,989		-12,723,92			
Net Assets or Fund Balances					Begini	ning of Current Year		End of Year			
seta	20	Total as	sets (Part X, line 16)		-	334,005,682		317,857,58			
AB B	1		bilities (Part X, line 26)			71,026,946		70,564,36			
ŠĒ	1		ets or fund balances. Subtract line 2	1 from line 20		262,978,736		247,293,22			
Pa	rt II		nature Block			. ,					
		alties of	perjury, I declare that I have exami	ned this return, including accompanying							
any k			ef, it is true, correct, and complete.	Declaration of preparer (other than off	icer) is bas	ed on all informatio	n of w	hich preparer has			
		l k									
		***** Signa	** ture of officer			2021-05-12 Date					
Sign Here											
	•		OHN C KNAPP PRESIDENT OF print name and title								
		17	Print/Type preparer's name	Preparer's signature	Date	☐ PTIN					
Paid	d			· -			358891				
Pre		er	Firm's name SCHNEIDER DOWNS &	CO INC		Firm's EIN ► 25-140	8703				
Use	-	F	Firm's address > ONE PPG PLACE SUITE :	L700		Phone no. (412) 261-	-3644				
		-									

PITTSBURGH, PA 15222

☑ Yes ☐ No

Form	990 (2019)					Page <b>2</b>
Pa	rt III Stateme	ent of Program Service	e Accomplis	hments		
	Check if Se	chedule O contains a respo	nse or note to	any line in this Part III .		🗹
1		ne organization's mission:				
		OF UNCOMMON INTEGRIT RE PREPARED TO CONTRIE			ARE EFFECTIVE LIFELONG LEARNE N WHICH THEY LIVE.	ERS AND RESPONSIBLE
2	Did the organizati	ion undertake any significa	nt program ser	vices during the year wh	nich were not listed on	
	the prior Form 99	0 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe	these new services on Sch	nedule O.			
3	Did the organizati	ion cease conducting, or m	ake significant	changes in how it condu	cts, any program	
		these changes on Schedu				☐ Yes ☑ No
4	Describe the orga Section 501(c)(3)	nization's program service	accomplishmen	I to report the amount o	largest program services, as meas f grants and allocations to others,	
4a	(Code:	) (Expenses \$	83,928,407	including grants of \$	35,576,552 ) (Revenue \$	74,009,068 )
	See Additional Data	, (	,,	,	, , , , , , , , , , , , , , , , , , , ,	,
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program se	ervices (Describe in Schedi incl	ule O.) uding grants of	\$	) (Revenue \$	)
4e	Total program s	service expenses >	83.928.4	.07		

Form	990 (2019)			Page <b>3</b>
Par	Checklist of Required Schedules			<del></del>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 2	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No

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

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

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 any domestic organization or domestic

Nο

20a

20b

21

orm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 🛸	29	Yes	
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
12	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1,575			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b   0			

Pai	statements Regarding Other IRS Filings and Tax Compliance (continued)								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1,243							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:			No					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF	₹).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on <b>6a</b>		No					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	vere 6b							
7	Organizations that may receive deductible contributions under section 170(c).								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?	rvices <b>7a</b>		No					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file 7c		No					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a							
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand			<b>N</b> 1 -					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No					
ь 15	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 ex	14b							
	parachute payment(s) during the year?	. 15		No					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No					

orm	990 (2019)			Page <b>6</b>
Pai	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	" resp	onse to l	ines
Se	ction A. Governing Body and Management			
		$\Box$	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year  1a 32			
	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 29			
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-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.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  T SZEJKO ASSOC VP FOR BUS & FINANCECONTROLLER 60 S LINCOLN STREET WASHINGTON, PA 15301 (724) 223-0	5009		
			orm 904	1 (2019)

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (D)  Reportable compensation from the organization and any officer and a director/trustee)          (D)  Reportable compensation from the organization of the organization of the organization should be organization from the organization from t</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization and any related organizations for the order in which to list the persons above.  (A)  Name and title  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per below dotted line below dotte	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (A)  Name and title  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Set instructions for the organization organization organization organization organization organization organization organizations (W-2/1099-MISC)  ■ (F)  Reportable compensation from the organization organization organization organization organization organizati	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
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 organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ 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. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (W-2/1099-MISC)  MISC)  (F)  Estimated amount of other compensation from the organization organization organization and related organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	related		
	See Additional Data Table												
													—
													—

	rt VII Section A. Officers, Direct	tors Trustee		Fmn	lov		and	Hial	hest Cor	nnensat	ed Employees	(conti	inued)	rage <b>o</b>		
Fal	(A) Name and title	(B) Average hours per week (list any hours	Position than of is b	on (de	(C lo no oox, i an of	c) ot ch unle	neck mo ess pers	ore	Repo compe fror organ	( <b>D)</b> ortable ensation m the nization	(E) Reportable compensation from related organizations	n ,	(F) Estima amount o compens from organizat	ated of other sation the		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		:/1099- ISC)	(W-2/1099- MISC)					
See	Additional Data Table			$\vdash$	+	+	<del>                                     </del>	+				+				
				-	+	+	+-	+				+				
			<del> </del>	$\vdash$	+	+	+-	₩	<del> </del>			+				
			<del> </del>	┼	+	+	+	+'	<del>                                     </del>		1	+				
			<del> </del>	—	igapha	$\dotplus$	$+\!\!-$	₩	<del> </del>			+				
			<u> </u>	_	$\downarrow$	$\perp$	┼	₩'	<u> </u>			+				
			<u> </u>	<u> </u>	igspace	$\perp$	—	<u> </u>	<u> </u>			$\perp$				
			<u> </u>	<u> </u>	$\downarrow$	$\perp$	↓	<u> </u> '				$\perp$				
			<u> </u>	<u> </u>	$oldsymbol{\perp}$	$\perp$		'				$\perp$				
											<u> </u>					
					Ī	T	$T_{L}$	Ţ_!								
	Sub-Total						•	_			<u> </u>					
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	•					<b>▶</b>  -		1,!	556,544		0		320,845		
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos				e) who	) rece	eived mo	re than \$:	100,000					
													Yes	No		
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>	J for such individ	dual .	•	•	•		•				3		No		
4	For any individual listed on line 1a, is organization and related organization individual	s greater than \$	\$150,00	0? <i>If</i>	"Yes	s," c	complet	te Sc	chedule J	for such		4	Yes			
5	Did any person listed on line 1a receiv services rendered to the organization									tion or inc	lividual for	5		No		
Se	ection B. Independent Contract															
1	Complete this table for your five higher from the organization. Report comper											mpens	sation (C	<u> </u>		
- PVCO	Name a	and business addre	ess							Des CONSTRUC	cription of services		Comper	nsation		
	DN CONSTRUCTION INC									CONSTRUC	TION		4	,765,788		
PITTS	SBURGH, PA 15222									SSISTRIC						
	ITES CONSTRUCTION COMPANY									CONSTRUC	TION		4	,748,747		
PITTS	MOSITES WAY SBURGH, PA 15205															
	APPETIT MANAGEMENT COMPANY									FOOD SERV	/ICES		4	,020,099		
CHAR	YORKMONT ROAD RLOTTE, NC 28217															
CHAD	DWICK CONTRACTING LLC			_	_	_	_	_		CONSTRUC	TION		1	,536,453		
	JEFFERSON AVENUE HINGTON, PA 15301				_							$\perp$				
	NY WEST PAINTING									CONSTRUC	TION			746,423		
	MALONE RIDGE ROAD HINGTON, PA 15301															
<b>2</b> T	Total number of independent contractor compensation from the organization		: not lim	ited !	to th	nose	listed	abov	ve) who r	eceived m	ore than \$100,00	00 of				
	.ompensation from the organization	30			—	_							Form 99	n (2019)		

orm 9 Part										Page <b>9</b>
		Check if Scheo	dule	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(6)	<b>1</b> a	Federated campa	aigns	s	1a		l	revenue		512 - 514
ants	ŀ	<b>b</b> Membership due:	s.	. [	<b>1</b> b					
Gra Vmo	c Fundraising events 1c									
ifts, ar A	d Related organizations				<b>1</b> d					
3, G ≡::		e Government grants		Ļ	1e	667,164				
Contributions, Gifts, Grants and Other Similar Amounts		<ul> <li>All other contribution</li> <li>and similar amounts</li> <li>above</li> </ul>	s not	included	1f	7,871,665				
턀	9	g Noncash contributions included in lines 1a - 1f:\$		1,025,287						
Con	ı	<b>h Total.</b> Add lines	1a-1	.f		>	8,538,829			
						Business Code	0,330,623			
	2a	TUITION AND FEES				900099	61,005,464	61,005,464		
enne	b	STUDENT SERVICES				900099	11,883,462	11,883,462		
e Re	c	AUXILIARY PROGRAM	1 SEF	RVICES		900099	1,127,045	1,120,142	6,903	
Program Service Revenue	d									
gram										
Ψος	е									
	f	All other program	serv	ice revenue.						
		Total. Add lines 2				74,015,971		T		T
		Investment income imilar amounts) .		iuding divide		nterest, and other		0	-17,132	2,339,642
		Income from invest					27.12			27.427
	5 F	Royalties	·	(i) Rea		(ii) Personal	27,127	/		27,127
	_	_					+			
		Gross rents Less: rental	6a		55,015	5	4			
	expenses 6b 162,433			.62,433	3					
	С	Rental income or (loss)	<b>6</b> c	-1	.07,418	3				
	d	Net rental income	e or	(loss)			-107,418	8		-107,418
				(i) Securi	ties	(ii) Other				
	7a	7a Gross amount from sales of assets other than inventory			18,55	0				
	b	Less: cost or other basis and sales expenses	7b	67,0	183,364	44,07	7			
	С	Gain or (loss)	<b>7</b> c	-2,7	00,549	-25,52	7			
		Net gain or (loss)				•	-2,726,076	6		-2,726,076
Other Revenue	ъа	Gross income from fu (not including \$ contributions reporte	d on	of						
Şe		See Part IV, line 18			8a		4			
er		Less: direct expen			8b ing ev	ents 🕨				
	9a	Gross income from See <b>Part</b> IV, line 19			9a					
		Less: direct expen			9b	ine				
	·	inet income or (los	55) 11	on ganning a	CLIVIL	les •	1			
	10a	Gross sales of inve returns and allowa			10a	286,979	)			
	b	Less: cost of good	ls so	ld	10b					
	c	Net income or (los	_		invent	ory ►	81,37	5		81,375
	11	Miscellaneo	us R	levenue		Business Code	4			
	11	u								
	b	)								
	C									
	ام	All other revenue		_						
		Total. Add lines 1				🕨		1		
		Total revenue. S								
						· •	82,152,318	74,009,068	-10,229	-385,350

Pa	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must		-	·	ımn (A).
	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	ny line in this Part IX  (A)  Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	Total expenses	expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	34,694,307	34,694,307		
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	882,245	882,245		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	618,784	110,941	379,526	128,317
	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	21,240,354	17,070,551	3,344,316	825,487
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,069,020	1,357,449	642,063	69,508
9	Other employee benefits	6,191,616	3,740,153	2,282,428	169,035
10	Payroll taxes	1,737,217	1,500,727	165,526	70,964
11	Fees for services (non-employees):				
а	Management	255,497	255,497		
b	Legal	119,404		111,146	8,258
C	Accounting	102,876		102,876	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	422,696		422,696	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,475,519	3,121,315	280,220	73,984
12	Advertising and promotion	755,721	311,155	444,022	544
13	Office expenses	709,008	507,878	98,010	103,120
14	Information technology	791,639	591,217	163,290	37,132
15	Royalties				
16	Occupancy	3,015,516	2,988,077	27,439	
17	Travel	522,352	375,952	69,834	76,566
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	897,488	437,657	361,999	97,832
20	Interest	2,181,625	2,181,625		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,263,438	7,263,438		
23	Insurance	569,539	551,169		18,370
	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.)				
ā	a STUDENT ACADEMIC /PROGR	4,274,611	4,243,606	31,005	
Ė	ATHLETIC & GAME EXPENSE	914,334	903,240	11,094	
•	STUDENT RECRUITING COST	535,454	535,454		
•	d				
•	e All other expenses	635,979	304,754	102,587	228,638
25	Total functional expenses. Add lines 1 through 24e	94,876,239	83,928,407	9,040,077	1,907,755
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

2

3

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 End of year

Beginning of year

8,000

46,452,124

1.051,594

1,684,080

901.085

166.485

1,424,975

147,528,468

81,502,489

53.286.382

334,005,682

6,398,401

611,642

54.202.429

9,814,474

71.026.946

132,137,210

130,841,526

262,978,736

334,005,682

27

28

29

30

31

32

33

1

2

3

4

5

6

7

8

9

10c

11

12 13

14

15

16

17

18

19

Page **11** 

8.000

31,944,704

815,347

732.316

183,187

1,049,004

156,284,139

70,965,599

54,363,842

317,857,588

2,835,609

2,506,418

124,951,296

122,341,929

247,293,225

317,857,588

Form 990 (2019)

1,511,450

Check if Schedule O contains a response or note to any line in this Part IX			
	Τ		(4

Check	ΙŤ	Schedule	U

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Cash-non-interest-bearing . . . . . .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . . Inventories for sale or use . .

Assets Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

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

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

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

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

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

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

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

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . . .

268.013.923 111,729,784 Investments—program-related. See Part IV, line 11 .

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

3a

3b

Yes

Yes Form 990 (2019)

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 (2019)

Form 990, Part III, Line 4a: WASHINGTON & JEFFERSON COLLEGE, FOUNDED IN 1781, IS KNOWN FOR ITS HIGHLY CUSTOMIZED AND INTELLECTUALLY ENGAGING STUDENT EXPERIENCE THAT DEVELOPS PROFESSIONALS OF UNCOMMON INTEGRITY TO LEAD IN AN EVER-CHANGING WORLD. THE FOUR HALLMARKS OF THIS EXPERIENCE ARE "CUSTOMIZED JOURNEYS," A UNIQUE, LIFE-CYCLE APPROACH TO SELF-DISCOVERY, ACADEMIC ADVISING AND CAREER DEVELOPMENT; "INTELLECTUAL ENGAGEMENT," INCLUDING A REQUIREMENT TO STUDY BROADLY IN TWO DIFFERENT ACADEMIC AREAS; "PROFESSIONAL READINESS," INDIVIDUALIZED DEVELOPMENTAL EXPERIENCES INCLUDING A REQUIRED PRACTICUM RELEVANT TO A DESIRED CAREER; AND "ETHICAL LEADERSHIP." A FOUR-YEAR CURRICULAR AND CO-CURRICULAR PROGRAM FOR ALL STUDENTS TO DEVELOP COMPETENCIES IN CONFLICT RESOLUTION, CIVIL DISCOURSE, PROFESSIONALISM, AND SERVICE TO OTHERS. STATISTICS - UNDERGRADUATE STUDENTS: 1,261 FULL-TIME EQUIVALENT STUDENTS AND 340 GRADUATES.THE COVID-19 PANDEMIC HAS HAD NUMEROUS OPERATIONAL AND FINANCIAL IMPLICATIONS FOR W&J. THE MOST SIGNIFICANT IMPACT IS RELATED TO THE FACT THAT APPROXIMATELY 1.000 STUDENTS WERE REQUIRED TO VACATE W&J AS A RESULT OF GOVERNOR WOLF'S MARCH 19TH ORDER DECLARING THAT ALL NON-LIFE SUSTAINING BUSINESSES MUST SHUTTER. THIS DECLARATION FORCED W&J TO TRANSITION TO ON-LINE INSTRUCTION FOR THE REMAINDER OF THE SEMESTER. FORTUNATELY, THE TIMING OF THIS PIVOT WAS ALIGNED WITH SPRING BREAK. THEREFORE, FACULTY HAD TIME TO CONVERT THEIR COURSES TO AN ONLINE FORMAT.

(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 the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

MICHAEL CRABTREE

JERRELL L ANGELL

JEFFREY FRICK VP FOR ACADEMIC

AFFAIRS/DEAN OF COLLEGE

**PROFESSOR** 

TRUSTEE

	C							(14, 2/4,000	(14) 2/4000	organization and	
	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	
DR JOHN C KNAPP PRESIDENT	70.00	Х		х				384,094	0	118,315	
MICHAEL GRZESIAK EXITED 1219  VP FOR DEV. & ALUMNI ENGAGEMENT	60.00				х			207,489	0	31,200	
NICOLE FOCARETO	60.00				Х			173,651	0	19,716	

VP FOR DEV. & ALUMNI ENGAGEMENT					207,103	
NICOLE FOCARETO	60.00		x		173,651	
VP FOR ENROLLMENT					170,001	
EVA CHATTERJEE-SUTTON VP FOR	60.00			v	139,521	
STUDENT LIFE/ DEAN OF STUDENTS				^	139,321	

40.00

60.00

1.00

Χ

......

......

VP FOR ENROLLMENT			Х		173,651	0	
EVA CHATTERJEE-SUTTON VP FOR STUDENT LIFE/ DEAN OF STUDENTS	60.00			Х	139,521	0	
THOMAS SZEJKO ASSOCIATE VP	60.00			х	134,965	0	

EVA CHATTERJEE-SUTTON VP FOR	60.00			×	139.521	0	42.538
STUDENT LIFE/ DEAN OF STUDENTS				^	133,321	9	42,330
THOMAS SZEJKO ASSOCIATE VP	60.00			_	134,965	0	34,018
FOR BUSINESS & FINANCE/ CONTROLLER				^	134,903	0	34,016
KELLY KIMBERLAND	60.00						

EVA CHATTERJEE-SUTTON VP FOR					×		139.521	n	42,538
STUDENT LIFE/ DEAN OF STUDENTS					^		105,321		12,330
THOMAS SZEJKO ASSOCIATE VP	60.00								
FOR BUSINESS & FINANCE/ CONTROLLER					Х		134,965	0	34,018
KELLY KIMBERLAND	60.00				.,		450,000		17.553
	1	ĺ	l	I	X	1	150,988	U	17,557

0.002.11. 21.2, 02.11.0. 0.002.11.0							
THOMAS SZEJKO ASSOCIATE VP	60.00			×	134,965	0	34,018
FOR BUSINESS & FINANCE/ CONTROLLER							
KELLY KIMBERLAND	60.00			_	150,988	0	17,557
VP FOR COMMUNICATIONS & MARKETING				^	130,988	0	17,337
14MEG IBUITA	60.00						

FOR BUSINESS & FINANCE/ CONTROLLER							
KELLY KIMBERLAND	60.00			×	150,988	0	17.557
VP FOR COMMUNICATIONS & MARKETING					150,500	•	17,557
JAMES IRWIN	60.00		\ \ \		140 504		45.522
VP FOR BUSINESS & FINANCE/ CFO			X		140,594	U	15,533

Х

Χ

109,091

116,151

26,749

15,219

0

0

0

(A) (B) (C) (D) (E) (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	and	a dir	ecto		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	
JACQUELINE BAUER TRUSTEE	1.00	Х						0	0	0	
RICHARD F BEATTY MD TRUSTEE	1.00	Х						0	0	0	
JOHN C BURNS	2.00	×						0	0	0	

0

0

0

0

0

0

0

TRUSTEE						
RICHARD F BEATTY MD	1.00	v			9	
TRUSTEE		^			0	
JOHN C BURNS	2.00	V				
TRUSTEE		X			0	
JONATHAN M CONRAD	1.00	V			0	
TRUSTEE		^			0	

1.00

1.00

1.00

1.00

1.00

1.00

Χ

Χ

Х

Χ

Χ

Χ

.....

. . . . . . . . . . . . . . . . . .

.......

......

and Independent Contractors

LYN M DYSTER PHD

COLEMAN HUGHLEY

CLYDE B JONES III

VICTOR LAZZARO JR

THOMAS J LEYDIG

BETSEY HURWITZ-SCHWAB

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

TRUSTEE

......

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

	any hours			r/tr	orrice (ustee		organization	organizations	from the	
	for related 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	
KENNETH MELANI MD TRUSTEE	1.00	Х					0	0	0	
REYNOLD MOONEY TRUSTEE	2.00	х					0	0	0	
CHARLES T NASON	1.00									

TRUSTEE						
REYNOLD MOONEY	2.00				0	
TRUSTEE		^				
CHARLES T NASON	1.00	V			9	
TRUSTEE		^			0	
PEGGY NORTHROP	1.00	V			0	
TDIICTEE		^			١	

1.00

2.00

1.00

2.00

......

and Independent Contractors

TRUSTEE

**TRUSTEE** 

TRUSTEE

**TRUSTEE** 

TRUSTEE

DAVID A ROSS

LOUISE K ROSS

STEPHEN M ROSS

A MICHAEL PRATT ESQ

.......

CHARLES T NASON	1.00	v					
TRUSTEE		_ ^			٥	0	
PEGGY NORTHROP	1.00	v			0	0	
TRUSTEE		_ ^			,	0	
DONNA LUCAS PELLEGRINI MD	1.00	х			0	0	
TRUSTEE		^					

Х

Χ

Χ

Χ

CHARLES T NASON	1.00	x			0	0	
TRUSTEE		^					
PEGGY NORTHROP	1.00	Х			0	0	
TRUSTEE		^					
DONNA LUCAS PELLEGRINI MD	1.00	v				0	
TDUCTEE		^			١	٥	

		. х		l	1 11		4 []
TRUSTEE		,				9	
PEGGY NORTHROP	1.00	×			0	0	
TRUSTEE		Λ				0	
DONNA LUCAS PELLEGRINI MD	1.00	Y			0	C	0
TRUSTEE		^					
B JOHN PENDLETON JR	1.00						

0

0

0

0

0

(A) (E) (B) (C) (D) (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 from the

	any hours	and	. a dir	ecto	r/tr'כ	rustee)	, !	organization	organizations	from the	
	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	
E RONALD SALVITTI II TRUSTEE	1.00	X						0	0	0	
JOHN D SIMON TRUSTEE	2.00	X						0	0	0	
ROBERT G WALKER PHD TRUSTEE	2.00	X						0	0	0	
JIMIL B WILSON TRUSTEE	1.00	X						0	0	0	
KEITH GHEZZI MD	5.00						$\Box$		1		

0

0

0

0

0

0

Χ

Χ

Х

Χ

Χ

Χ

Х

Χ

Х

Χ

2.50

2.50

2.50

2.50

2.50

......

.....

ROBERT G WALKER PHD
TRUSTEE
JIMIL B WILSON
TRUSTEE
KEITH GHEZZI MD

CHAIRMAN

**TREASURER** 

DONNA HALEY GRIER

CHARLES F MARCY

JOSEPH H MENENDEZ

VICE CHAIRMAN

VICE CHAIRMAN

DIANA L REED

SECRETARY

VICE CHAIRMAN

CRAIG A VARGA ESQ

......

and Independent Contractors

efile GRAPHIC print - DO N			nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493134009221		
SCI	HED	ULE A		Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047		
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019		
		the Treasury	► Go to <u>www.irs</u>	s.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection		
Nam	e of th	nue Service he organiza N & JEFFERSON					Employer identific			
WASH	INGTO	N & JEFFERSOI	College				25-0965601			
	rt I		for Public Charity Stat				See instructions.			
	rganız		a private foundation because	•			(4)()			
1		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)								
2	<b>✓</b>				,					
3	Ш	·	or a cooperative hospital ser	-			-			
4		A medical r name, city,	esearch organization operat and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's		
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>		
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).			
7			ation that normally receives ' <b>0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	init or from the genera	al public described in		
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9			ural research organization de rant college of agriculture. S					ege or university or a		
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).			
12		more public	ation organized and operated cly supported organizations of through 12d that describes	described in <b>section 5</b>	09(a)(1) or se	ction 509(a)(2	). See <b>section 509</b> (a			
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	ated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar						
С		Type III f	unctionally integrated. A sorganization(s) (see instruct	supporting organizatio				ted with, its		
d		Type III n	on-functionally integrate integrated. The organizatio i). You must complete Pai	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the organization receiver Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter	the number	of supported organizations				<u> </u>			
g			ing information about the su	<del>'''                                  </del>	т'					
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
	Yes No									
Tota			tion Act Notice, see the I		Cat. No. 11285		 Schedule A (Form 9			

3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6,531,899	7,664,370	8,145,502	6,334,037	8,538,829	37,214,637
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						7,744,916
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						29,469,721
	from line 4.						25,405,721
9	Section B. Total Support						
	Calendar year	(3) 2015	(b) 2016	(c) 2017	(4) 2018	(a) 2019	(f) Total
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
7		(a) 2015 6,531,899	<b>(b)</b> 2016 7,664,370	(c) 2017 8,145,502	` ′	(e) 2019 8,538,829	(f) Total 37,214,637
7 8	(or fiscal year beginning in) ▶	` '	` '			` ′	
_	(or fiscal year beginning in) ► Amounts from line 4.	6,531,899	7,664,370	8,145,502	6,334,037	8,538,829	37,214,637
_	(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest,	` '	` '			` ′	
_	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on	6,531,899	7,664,370	8,145,502	6,334,037	8,538,829	37,214,637
_	(or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and	6,531,899	7,664,370 904,011	8,145,502 1,513,187	6,334,037 2,054,839	8,538,829	37,214,637 7,833,327
8	(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the	6,531,899	7,664,370	8,145,502	6,334,037	8,538,829	37,214,637
9	(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on.	6,531,899	7,664,370 904,011	8,145,502 1,513,187	6,334,037 2,054,839	8,538,829	37,214,637 7,833,327
8	(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain	6,531,899	7,664,370 904,011	8,145,502 1,513,187	6,334,037 2,054,839	8,538,829	37,214,637 7,833,327
9	(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital	6,531,899	7,664,370 904,011	8,145,502 1,513,187	6,334,037 2,054,839	8,538,829	37,214,637 7,833,327
9	(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	6,531,899	7,664,370 904,011	8,145,502 1,513,187	6,334,037 2,054,839	8,538,829	37,214,637 7,833,327
9	(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital	6,531,899	7,664,370 904,011	8,145,502 1,513,187	6,334,037 2,054,839	8,538,829	37,214,637 7,833,327

10 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . .

Section C. Computation of Public Support Percentage

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here, Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

14

15

Schedule A (Form 990 or 990-EZ) 2019

65.160 %

65.900 %

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
С	Add lines 10a and 10b.						
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						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 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 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

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 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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 organization's organizing document? 5b

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

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) .

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

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

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

	edule A (101111 550 01 550 E2) 2015			age 3		
Pa	rt IV Supporting Organizations (continued)					
_			Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?					
		11a				
	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c				
S	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the henefit of any supported organization other than the supported organization(s) that	-				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting					
	organization.	2				
S	ection C. Type II Supporting Organizations					
_			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of					
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
S	ection D. All Type III Supporting Organizations		v			
_			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).					
_	· · · · · · · · · · · · · · · · · · ·					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax					
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b					
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.	ſ	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				
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's					
	involvement.	2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.					
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <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? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h				

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
C	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		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$ . See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018. . . . . .

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u>      \$                              </u>		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

### **Additional Data**

### Software ID: Software Version:

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

Schedule A (Form 990 or 990-EZ) 2019

Page 8

Part VI

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

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# Political Campaign and Lobbying Activities

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

DLN: 93493134009221

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

EZ)

3

SCHEDULE C (Form 990 or 990-

▶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 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** WASHINGTON & JEFFERSON COLLEGE 25-0965601 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) ......

2	Enter the amount of any excise tax incurred by organization managers under section 4955		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes	□ No
ŧa	Was a correction made?	☐ Yes	□ No
b	If "Yes," describe in Part IV.		
ar	<b>t I-C</b> Complete if the organization is exempt under section 501(c), except section 501(c)(3).		
L	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		

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

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

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

☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2 5

Grassroots lobbying expenditures

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(b)	)
ctivi		Yes	No	Amo	unt
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)?				
С	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				
	TO 1 CT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5), o	r secti	on	
	,	)(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 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?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		 	Yes 1 2 3	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 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 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	 		Yes 1 2 3 on 501(	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	)(5), o		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 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?  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	)(5), o III-A		Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 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?  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	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(	
ar ab	Complete if the organization is exempt under section 501(c)(4), section 501(c) 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?  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	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 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?  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 .	(5), o III-A 1 2a 2b		Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 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?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  LIII-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 1 2a 2b 2c 3		Yes 1 2 3 on 501(	
ar 2 3 ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 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?  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	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 on 501(	

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134009221

OMB No. 1545-0047

## **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2019

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

Open to Public Inspection

	me of the organization SHINGTON & JEFFERSON COLLEGE			Emp	loyer ider	ntification	number
WA:	SHINGTON & JEFFERSON COLLEGE			25-0	965601		
Pa	art I Organizations Maintaining Donor Advi			or Acc	ounts.		
	Complete if the organization answered "Ye				(1) 5 1	1 11	
	Tatal number at and of year	(a) Donor adv	risea runas		(b) Funds	and other a	accounts
	Total number at end of year						
	Aggregate value of contributions to (during year)						
	Aggregate value of grants from (during year)						
٠	Aggregate value at end of year						
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex				unds are th		Yes 🗌 No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for	any other purpose			_	Yes 🗌 No
Pa	rt II Conservation Easements.	-II F 000 Bt	TV Clare 7				
	Complete if the organization answered "Ye						
•	Purpose(s) of conservation easements held by the organ	` —					
	Preservation of land for public use (e.g., recreation	· _	Preservation of ar	n histori	cally impor	tant land a	irea
	Protection of natural habitat	$\checkmark$	Preservation of a	certifie	d historic st	tructure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a	qualified conservation o	ontribution in the fo	rm of a	conservati	on	
	easement on the last day of the tax year.			, ,	Held at	the End o	f the Year
а	Total number of conservation easements			2a			1
b	Total acreage restricted by conservation easements			2b			1.43
С	Number of conservation easements on a certified histori	,	,	2c			1
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and r	not on a historic	2d			0
1	Number of conservation easements modified, transferre tax year ▶0	d, released, extinguishe:	ed, or terminated by	the org	ganization o	during the	
Ļ	Number of states where property subject to conservatio	n easement is located 🕨	•		1		
•	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, i	nspection, handling	of viola		✓ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspect  16.00	cting, handling of violation	ons, and enforcing c	onserva			g the year
,	Amount of expenses incurred in monitoring, inspecting,  \$ 0	handling of violations, a	and enforcing conse	rvation	easements	during the	year
3	Does each conservation easement reported on line 2(d)	above satisfy the requir	rements of section 1	.70(h)(	4)(B)(i)		
	and section $170(h)(4)(B)(ii)$ ?			. , ,	, , , , ,	<b>∀</b> Yes	□ No
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organiza					
ar	t III Organizations Maintaining Collections	of Art, Historical Ti		ner Sir	nilar Ass	ets.	
_	Complete if the organization answered "Ye If the organization elected, as permitted under SFAS 11			atemen	t and halar	nce sheet w	orks of
.a	art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, educat	tion, or research in				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publically following amounts relating to these items:						
(	(i) Revenue included on Form 990, Part VIII, line 1				<b>&gt;</b> \$		
(i	ii)Assets included in Form 990, Part X				. <b>▶</b> \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS			ancial g	ain, provide	e the	
а	Revenue included on Form 990, Part VIII, line 1				. <b>&gt;</b> \$		
b	Assets included in Form 990, Part X				<b>▶</b> \$		
	Paperwork Peduction Act Notice see the Instruction	f F 000	Cat Na	Fagor	<u> </u>	Jula D /Ea	000\ 201

**d** Equipment .

	dule D (Form 990) 2019							Page 2
	tilli Organizations Maintaining Co							
3	Using the organization's acquisition, accessi items (check all that apply):	on, and other records		of the f	following that are a	significant use of its	s collection	
а	✓ Public exhibition		d [	☐ Loa	n or exchange prog	grams		
b	Scholarly research		e [	☐ Oth	er			
С	Preservation for future generations							
4	Provide a description of the organization's c Part XIII.	ollections and explain	how they	urther tl	he organization's e	xempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than						es 🗹 N	lo
Pa	rt IV Escrow and Custodial Arrang Complete if the organization and X, line 21.		rm 990, F	art IV,	line 9, or reporte	ed an amount on I	Form 990,	Part
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?						es 🗆 N	lo
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowing ta	ole:		Amount		
c	Beginning balance	,	-		1c			_
d	Additions during the year				4.1			_
е	Distributions during the year				1e			
f	Ending balance				1f			_
2a	Did the organization include an amount on I	Form 990, Part X, line	21, for es	row or c	custodial account li	ability? 🗌 <b>Y</b> e	es 🗆 N	lo
b	If "Yes," explain the arrangement in Part XI	II. Check here if the e	explanation	has bee	n provided in Part	хии 🗆		
	rt V Endowment Funds.				•			
	Complete if the organization ans					la 15 = 1		
1 ~	Beginning of year balance	(a) Current year 136,317,355	( <b>b</b> ) Prio	year ,241,803	(c) Two years back 133,900,475	(d) Three years back 127,430,001	(e) Four yea	194,295
	Contributions	1,694,663		,939,456				.926,747
	Net investment earnings, gains, and losses	-2,996,964		,547,921	10,989,096	, ,	<u> </u>	455,285
	Grants or scholarships	3,480,612	<del>-</del>	,230,548	7,280,599	6,206,133	5.	438,900
	Other expenditures for facilities and programs	4,515,355		,181,277	1,345,681			796,856
f	Administrative expenses							
	End of year balance	127,019,087	136	,317,355	138,241,803	133,900,475	127,	430,001
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, e	olumn (	a)) held as:			
а	Board designated or quasi-endowment <b>&gt;</b>	16.540 %						
b	Permanent endowment ► 69.310 %							
С	Temporarily restricted endowment ► 14	.150 %						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse organization by:	ession of the organiza	tion that a	e held a	nd administered fo	r the	Yes	No
	(i) unrelated organizations						a(i)	No
	(ii) related organizations						a(ii)	No
ь 4	If "Yes" on 3a(ii), are the related organization Describe in Part XIII the intended uses of the						3b	<u></u>
•			willellt luli	us.				
Dа	TEVAL Land Ruildings and Equipme							
Pa	rt VI Land, Buildings, and Equipme Complete if the organization and		rm 990, F	art IV,	line 11a. See Fo	rm 990, Part X, lir	ne 10.	
Pa		swered "Yes" on Fo	rm 990, F t or other ba			<del></del>	ne 10. (d) Book valu	ie
	Complete if the organization and Description of property  (a) Cost or organization (investrement)	swered "Yes" on Fo	t or other ba	sis (other)	(c) Accumulated	<del></del>	( <b>d)</b> Book valu	
<b>1</b> a	Complete if the organization and Description of property (a) Cost or or	swered "Yes" on Fo	t or other ba		(c) Accumulated of	<del></del>	<b>(d)</b> Book valu	1,053,652 5,287,627

38,555,976

6,039,310

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

8,961,997

980,863

29,593,979

5,058,447

Part VII	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11b.See Form 990, F	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financia	l derivatives	266,703		F
(3) Other	held equity interests	10,241,360		F
	ROWTH EQUITY FUND	3,840,916		F
	IN OTHER HEDGE FUNDS	30,816,283		F
	MENTS - REAL ESTATE	883,743		<u>C</u>
	JRRENDER VALUE OF LIFE INSURANCE POLICIES	445,021		
	TES HELD IN TRUST BY OTHERS	5,913,686		<u>F</u>
(G) ANNUITI	IES	1,956,130		F
Total. (Colum.	n (b) must equal Form 990, Part X, col. (B) line 12.)	54,363,842		
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on F	•	11c. See Form 990.	Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 13.)		<b>&gt;</b>	
Part IX	Other Assets. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line	11d. See Form 990, Par	t X, line 15.
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.			<b>•</b>
	Complete if the organization answered 'Yes' on Fo		11e or 11f.See Form	990, Part X, line 25. <b>(b)</b> Book
1. (1) Federal	(a) Description of lia	avility		value
	D RETIREE HEALTHCARE BENEFITS			3,910,466
	V ADVANCES FOR STUDENT LOANS TES UNDER LIFE INTEREST AGREEMENT			1,155,220 4,315,014
	TS HELD IN CUSTODY FOR OTHERS			1,818,850
(6)				
(7)				
(8)				
(8)				
(9) (10) Total. (Column	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of			11,199,550

Part XI

2

b

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

-2,593,553 46,153,070

35,999,248

82,152,318

59,245,028

368,037

58,876,991

35,999,248

94.876.239

Schedule D (Form 990) 2019

е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Towards and a management in clouds done France COO. Book VIIII. line 7h	, ,	i

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

-2,196,229

-397,324

368,037

422,696

35,576,552

4c

2e

3

4c

5

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 422,696 Other (Describe in Part XIII.) . . . . . . 4b 35,576,552

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.

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

Add lines 4a and 4b .

5 Part XII

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

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

Other (Describe in Part XIII.) Add lines **4a** and **4b** . . . . . . . . . . .

Supplemental Information

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

Donated services and use of facilities .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . . . .

Other (Describe in Part XIII.)

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: Software Version:

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

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

Supplemental Information		
Explanati		

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.

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

-

Supplemental Information	pplemental 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 INVESTMENTS WITH DONOR RESTRICTIONS AS INCOME EACH YEA  R. HOWEVER, THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE ASSETS MUST BE TAKEN INTO CONSIDERATION WHEN THE BOARD ELECTS THE AMOUNT. ON AN ANNUAL BASIS, THE COLLEGE ELECTS A S PENDING RATE NOT TO EXCEED 7% AS APPROVED BY THE BOARD. THE COLLEGE CLASSIFIES NET ASSETS WITH DONOR RESTRICTIONS AS THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT. EARNINGS ON THESE GIFTS ARE ACCUMULATED IN NET ASSETS WITH DONOR RESTRICTIONS. IN ACCORDA NCE WITH ACT 141, THE COLLEGE HAS ADOPTED A WRITTEN INVESTMENT POLICY, OF WHICH A SECTION SPECIFICALLY RELATES TO THE ENDOWMENT FUND. THE COLLEGE CONSIDERS THE FOLLOWING FACTORS IN MAKING A DETERMINATION TO SET A SPENDING RATE: 1. PROTECTING THE CORPUS OF THE ENDOWMENT FUND. 2. PRESERVING THE SPENDING POWER OF THE ASSETS. 3. OBTAINING MAXIMUM INVESTMENT RETURN WITH REASONABLE RISK AND OPERATIONAL CONSIDERATION. 4. COMPLYING WITH APPLICABLE LAWS.							

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, 2020 AND 2019 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 2017.

Supplemental Information Return Reference Explanation PART XI, LINE 2D - OTHER COSTS OF GOODS SOLD 205,604. RENTAL EXPENSES 162,433. CHANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS -765,361. LADJUSTMENTS:

upplemental Information								
Return Reference	Explanation							
PART XI, LINE 4B - OTHER ADJUSTMENTS:	STUDENT FINANCIAL AID 35,576,552.							

Ē

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COSTS OF GOODS SOLD 205,604. RENTAL EXPENSES 162,433.						

È

upplemental Information								
Return Reference	Explanation							
PART XII, LINE 4B - OTHER ADJUSTMENTS:	STUDENT FINANCIAL AID 35,576,552.							

Ē

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134009221 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 information. 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 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 Νo 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) (2019)

Schedule E (Form 990 or 990EZ) (2019) Page <b>2</b>					
<b>Part II</b> Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.					
Return Reference	Explanation				
SCHEDULE E, PART I, LINE 3	WASHINGTON AND JEFFERSON COLLEGE ACTIVELY RECRUITS STUDENTS IN 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 NONDISCRIMINATIONY 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.				

RECEIVES FEDERAL GRANTS.

Schedule F (Form 990 or 990-FZ) (2019)

SCHEDULE F	State	ement of A	Activities (	Outside the Un	ited S	tates	OMB No. 1545-0047
(Form 990) Department of the Treasury	► Comp	plete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  ► Attach to Form 990.  ► Go to www.irs.gov/Form990 for instructions and the latest information.				2019 Open to Public Inspection	
nternal Revenue Service  Name of the organization	<u> </u>					Employer iden	ntification number
WASHINGTON & JEFFER						• •	itilication number
	<b>Information</b> 0, Part IV, line		Outside the U	Jnited States. Comple	ete if the	25-0965601 organization a	nswered "Yes" on
other assistance	e, the grantees'	eligibility for th	e grants or assi	substantiate the amoun stance, and the selectior	_		☑ Yes ☐ No
2 For grantmake outside the Unit		Part V the orga	anization's proce	dures for monitoring the	use of it	s grants and ot	her assistance
3 Activites per Reg	ion. (The followi	ng Part I, line 3 t	able can be dupli	cated if additional space is	s needed.	)	
(a) Regio	n	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a service, describe ecific type of (s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data				•			
3a Sub-total . b Total from continu	 lation sheets to	0					1,644,614
		0					27,386,128 29,030,742

Cat. No. 50082W Schedule F (Form 990) 2019

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

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sched	dule F (Form 990) 2019		Page <b>4</b>
Par	TIV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<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)		
	Instructions for Forms 3520 and 3520-A, don't life 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)		
	Corporations. (See Instructions for Form 3471)	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)		
	(see Instructions for Form 6665)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐Yes	<b>☑</b> No

Schedule F (F	rm 990) 2019 Page <b>5</b>
	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
990 Sched	le F, Supplemental Information
Return Reference	Explanation

PART I, LINE 2:  $\mid$  THE GRANT FUNDS AWARDED TO STUDENTS ARE APPLIED DIRECTLY TO THEIR STUDENT ACCOUNTS. USAGE IS MONITORED BY

VIRTUE OF DIRECT ACCOUNT POSTING.

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

#### **Additional Data**

BARBUDA, ARUBA, BAHAMAS, EAST ASIA AND THE PACIFIC

## Software ID: Software Version:

**EIN:** 25-0965601

Name: WASHINGTON & JEFFERSON COLLEGE

STUDY ABROAD

135,559

### 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 - ANTIGUA &	0	0	PROGRAM SERVICES	STUDY ABROAD	68,130

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 779,358 & GREENLAND) MIDDLE EAST AND NORTH 0 PROGRAM SERVICES STUDY ABROAD 77,162 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 service(s) in region region services, grants to recipients located in the reaion) 0 PROGRAM SERVICES ISTUDY ABROAD 78,514 SOUTH AMERICA NORTH AMERICA 0 PROGRAM SERVICES ISTUDY ABROAD 426,260

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 17,036 SUB-SAHARAN AFRICA 0 PROGRAM SERVICES ISTUDY ABROAD 62,595

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 2.552 EUROPE (INCLUDING ICELAND 0 PROGRAM SERVICES INTERNATIONAL 35,306 & GREENLAND) 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				
EAST ASIA AND THE PACIFIC	0	0		INTERNATIONAL RECRUITING	52				
CENTRAL AMERICA AND THE CARIBBEAN	0		GRANTS TO RECIPIENTS LOCATED IN REGION	INTERNATIONAL STUDIES	76,809				

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 IGRANTS TO RECIPIENTS INTERNATIONAL STUDIES 144,717 LOCATED IN REGION EUROPE (INCLUDING ICELAND 0 IGRANTS TO RECIPIENTS INTERNATIONAL STUDIES 562,435 & GREENLAND) 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) MIDDLE EAST AND NORTH 0 IGRANTS TO RECIPIENTS INTERNATIONAL STUDIES 290 AFRICA LOCATED IN REGION NORTH AMERICA 0 IGRANTS TO RECIPIENTS INTERNATIONAL STUDIES 566 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) SOUTH AMERICA 0 IGRANTS TO RECIPIENTS INTERNATIONAL STUDIES 94,987 LOCATED IN REGION SUB-SAHARAN AFRICA 0 IGRANTS TO RECIPIENTS INTERNATIONAL STUDIES 2,440 LOCATED IN REGION

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			INVESTMENTS		26,465,974						

\_\_\_\_\_

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(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)		
STUDENT AID	CENTRAL AMERICA AND THE CARIBBEAN	6	,	CREDIT TO STUDENT'S ACCOUNTS FOR FINANCIAL AID		N/A	N/A		
STUDENT AID	EAST ASIA AND THE PACIFIC	24	,	CREDIT TO STUDENT'S ACCOUNTS FOR FINANCIAL AID		N/A	N/A		

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 78 562.435 | CREDIT TO IN/A IN/A EUROPE ISTUDENT'S (INCLUDING **IACCOUNTS FOR** ICFLAND & FINANCIAL AID GREENLAND) 290 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 567 CREDIT TO IN/A IN/A INORTH ISTUDENT'S IAMERICA **IACCOUNTS FOR** FINANCIAL AID 10 94,987 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 2.440 CREDIT TO N/A IN/A SUB-SAHARAN ISTUDENT'S AFRICA IACCOUNTS FOR IFINANCIAL AID

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

# 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

2019

DLN: 93493134009221

Open to Public Inspection

ternal Revenue Service						_	
ame of the organization	LECE					Employer identific	ation number
'ASHINGTON & JEFFERSON COL	LEGE					25-0965601	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main					for the grants or assistanc	e, and	☑ Yes ☐ No
Describe in Part IV the org	anization's procedur	res for monitoring the u	se of grant funds in the U	nited States.			cs
Part III Grants and Other	Assistance to Don	nestic Organizations a	and Domestic Governme	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
			ditional space is needed.				_
(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)							
5)							
7)							
3)							
9)							
10)							
11)							
12)							
2 Enter total number of sections							
. Litter total number of othe	- Organizations liste		<del></del>	<del></del>	<u> </u>		

(Form 990)

Department of the

Treasury

220 0 N/A N/A 90.546 STUDENT ASSISTANCE, STUDENT AWARDS

(4) (5)

Schedule I (Form 990) 2019

SUPPORT

(3)

(3)

STUDENT ASSISTANCE FOR ACADEMIC

(6)

(7)

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

Explanation

Return Reference

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 IS DETERMINED BY THE FINANCIAL AID OFFICE.

Page 2

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	9313	34009	221		
Sch	edule J	Com	npensati	on Information	ОМ	B No.	1545-0	0047		
(For	n 990)	For certain Officers,	-							
		► Complete if the organi		ited Employees ered "Yes" on Form 990, Part IV, line 23		2019				
▶ Attach to Form 990.										
•	tment of the Treasury al Revenue Service	P do to <u>www.ns.gov/1</u>	101	mstructions and the fatest miormation.			to Pul ectio			
	ne of the organiza SHINGTON & JEFFER			Employ	er identificat	ion nu	ımber			
				25-0965	601					
Pa	rt I Questi	ons Regarding Compensatio	n							
<b>1</b> a				the following to or for a person listed on Form			Yes	No		
				y relevant information regarding these items.						
		or charter travel	<b>⊻</b>	Housing allowance or residence for personal						
	_	companions nification and gross-up payments	✓	Payments for business use of personal reside Health or social club dues or initiation fees	ence					
		ary spending account		Personal services (e.g., maid, chauffeur, che	rf)					
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain		<b>1</b> b	Yes			
2				or allowing expenses incurred by all		2	Yes			
	directors, truste	es, officers, including the CEO/Exec	cutive Director	r, regarding the items checked on Line 1a? .	•					
3				d to establish the compensation of the						
		EO/Executive Director. Check all the d organization to establish compen-		ot check any boxes for methods CEO/Executive Director, but explain in Part II:	<b>Ι</b> .					
	<b>✓</b> Compensa	ation committee	<b>✓</b>	Written employment contract						
		ent compensation consultant	<u></u>	Compensation survey or study						
	<b>✓</b> Form 990	of other organizations	$\checkmark$	Approval by the board or compensation com	mittee					
4	During the year related organiza		), Part VII, Se	ction A, line 1a, with respect to the filing orga	nization or a					
а	Receive a sever	ance payment or change-of-control	payment? .			4a		No		
b	Participate in, o	r receive payment from, a suppleme	ental nonqual	ified retirement plan?		4b		No		
С			'	sation arrangement?		4c		No		
	ir res to any o	or lines 4a-c, list the persons and pr	ovide the app	licable amounts for each item in Part III.						
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) or	ganizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Section A ontingent on the revenues of:		the organization pay or accrue any						
а	The organization	1?				5a		No		
b						5b		No		
_	,	5a or 5b, describe in Part III.	Day and British							
6		ed on Form 990, Part VII, Section A portingent on the net earnings of:	, line 1a, did i	the organization pay or accrue any						
a	-	1?				6a		No		
b		anization?				6b		No_		
7	•	·	, line 1a. did	the organization provide any nonfixed						
				rt III		7		No		
8	subject to the in	itial contract exception described in	n Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe 						
9	If "Yes" on line	3, did the organization also follow th	he rebuttable	presumption procedure described in Regulation				No_		
For F		ction Act Notice, see the Instru					1990)	2019		

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.

(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> 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	(i)	379,685	0	4,409	60,622	57,693	502,409	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL GRZESIAK EXITED	(i)	202,069	0	5,420	15,507	15,693	238,689	0
1210	(ii)	0	0	0	0	0	0	0
3 NICOLE FOCARETO VP FOR ENROLLMENT	(i)	170,385	0	3,266	13,691	6,025	193,367	0
	(ii)	0	0	0	0	0	0	0
4 EVA CHATTERJEE-SUTTON	(i)	138,558	0	963	10,845	31,693	182,059	0
VD EOD	(ii)	0	0	0	0	0	0	0
5 THOMAS SZEJKO ASSOCIATE	(i)	133,102	0	1,863	10,447	23,571	168,983	0
VP.	(ii)	0	0	0	0	0	0	0
6 KELLY KIMBERLAND VP FOR COMMUNICATIONS &	(i)	150,085	0	903	12,058	5,499	168,545	0
MADKETING	(ii)	0	0	0	0	0	0	0
7 JAMES IRWIN VP FOR BUSINESS &	(i)	126,948	0	13,646	7,855	7,678	156,127	0
ETNIANCE / CEO	(ii)	0	0	0	0	0	0	0
							Schedule	J (Form 990) 2019

Schedule J (Form 990) 2019									
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								
·	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 TERM AS PRESIDENT. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: FOR THE COLLEGE'S CONVENIENCE AND TO ENABLE THE VP FOR STUDENT LIFE/DEAN OF STUDENTS TO CARRY OUT HER RESPONSIBILITIES, THE COLLEGE REQUIRES THE VP FOR STUDENT LIFE/DEAN OF STUDENTS TO LIVE ON CAMPUS IN HOUSING THAT IS PROVIDED BY THE COLLEGE. VP FOR BUSINESS & FINANCE/CFO RESIDED ON CAMPUS FROM JULY TO DECEMBER OF 2019. THE AMOUNT IS TAXABLE AND IS INCLUDED IN THE 2019 FORM W-2. CLUB MEMBERSHIPS: IN ORDER THAT THE PRESIDENT MAY ENTERTAIN POTENTIAL DONORS AND OTHER BUSINESS ASSOCIATES OF THE COLLEGE, THE COLLEGE PAYS FOR MEMBERSHIP AT THE DUQUESNE CLUB. ALL PERSONAL CHARGES ARE THE PRESIDENT'S RESPONSIBILITY. IN ADDITION, TO ENCOURAGE EDUCATIONAL AND GOOD BUSINESS RELATIONSHIPS, WASHINGTON & JEFFERSON COLLEGE MAKES AVAILABLE SOCIAL CLUB MEMBERSHIPS TO THE PRESIDENT AND SELECT SENIOR MANAGEMENT.								

Schedule 1 (Form 990) 2019

000) 2010

DLN: 93493134009221 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. ▶ Attach to Form 990. Department of the Treasury Open to Public Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** WASHINGTON & JEFFERSON COLLEGE 25-0965601 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (h) On (i) Pool (g) Defeased behalf of financing issuer Yes No Yes No Yes No WASHINGTON COUNTY 25-1437320 938598BO1 12-21-2017 57,234,942 REFUNDING OF 2010 SERIES Χ Χ Χ INDUSTRIAL DEVELOPMENT AUTHORITY Part II **Proceeds** Α В C D 2 3 57,234,942 5 6 7 479,595 8 9 10 11 56,755,347 12 13 2017 Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ bonds (or, if issued prior to 2018, a current refunding issue)? . . . . . . . . . . . . Were the bonds issued as part of an advance refunding issue of taxable 15 Χ 16 Does the organization maintain adequate books and records to support the final allocation of Χ Part Ⅲ **Private Business Use** Α В C D 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2019

Arbitrage

Part IV

а

b

С

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

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

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . . Rebate not due yet? . . . . . . .

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

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

Term of hedge . . . . . . . . . . Was the hedge superintegrated? . . . . . 

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

Schedule K (Form 990) 2019

Page **2** 

D

Schedule K (Form 990) 2019

No

Yes

			7			•			
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government				•				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х						

5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.				
6	Total of lines 4 and 5				
7	Does the bond issue meet the private security or payment test?	Х			
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.	Х			

Νo

Χ

Χ

Χ

Χ

Χ

Χ

Α

Yes

Х

Yes

В

No

C

No

Yes

	Yes	No
Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х

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

Schedule K (Form 990) 2019

period?

Arbitrage (Continued)

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?

Term of GIC . . . . . . . . . .

requirements of section 148? . . .

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

Yes

Χ

No

Yes

Page 3

No

D

D

No

Yes

Yes

Yes

No

No

Yes

Nο

	C print - DO	NU	I PROCES	SA	s Filed Data -					υL	N: 93	4931	3400	9221
Schedule L			Tran	sact	ions with I	ntereste	d Persor	ıs			10	1B No.	1545-	0047
(Form 990 or 990	0-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26,								s,	20	11	)		
			27, 28a,	. 28b, o Δ ♦	r 28c, or Form 99 ttach to Form 99	90-EZ, Part V O or Form 99	, line 38a or 4 0-F7.	10b.				<b>4</b> U		7
Department of the Trea Internal Revenue Servi		▶Go	to <u>www.ii</u>		Form990 for inst			ormati	ion.		C	pen i Insp	to Pu ectic	
Name of the orga								Em	ploy	er ide	ntifica	tion n	umbe	r
WASHINGTON & JE	FFERSON COLLE	GE						25-	0965	601				
Part I Exce	ss Benefit 1	rans	sactions (	section !	501(c)(3), section	501(c)(4), and	section 501(c				s only)			
					on Form 990, Part									
1 (a)	) Name of disc	qualifi	ed person	1	<b>(b)</b> Relationship be	etween disqua organization	lified person ar	nd (4	•	escript Insactio			) Corr	
						organizacion		+	ua	IIISacui	UII	Y	es	No
								+						
								+						
4958					on managers or dis  eimbursed by the o			year un • •	nder:	<b>&gt;</b> 9	¹ \$ —— \$ ——			
Con		ganiz	ation answe	ered "Yes	s" on Form 990-EZ	, Part V, line 3	8a, or Form 99	0, Part	IV,	line 26	; or if t	he org	anizat	on
Con repo (a) Name of	nplete if the or orted an amou (b) Relations	ganiz nt on ship (	ation answe Form 990, I (c) Purpose	ered "Yes Part X, I (d) Lo	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the	, Part V, line 3	(f) Balance	(g) 1	In	(H	1)	(i	) Writ	en
Con repo (a) Name of	nplete if the or orted an amou (b) Relations	ganiz nt on ship (	ation answe Form 990, I (c) Purpose	ered "Yes Part X, I (d) Lo	s" on Form 990-EZ ine 5, 6, or 22				In	( <b>i</b> Approv boar	ved by	(i		en
Con repo (a) Name of	nplete if the or orted an amou (b) Relations	ganiz nt on ship (	ation answe Form 990, I (c) Purpose	ered "Yes Part X, I (d) Lo	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the organization?	(e) Original principal	(f) Balance	(g) <sup>1</sup> defau	In	(h Approv	ved by	(i	) Writ reeme	en
Con repo (a) Name of	nplete if the or orted an amou (b) Relations	ganiz nt on ship (	ation answe Form 990, I (c) Purpose	ered "Yes Part X, I (d) Lo	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the organization?	(e) Original principal	(f) Balance	(g) <sup>1</sup> defau	In llt?	(h Approv boar comm	ved by d or littee?	(i ag	) Writ reeme	en nt?
Con repo (a) Name of	nplete if the or orted an amou (b) Relations	ganiz nt on ship (	ation answe Form 990, I (c) Purpose	ered "Yes Part X, I (d) Lo	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the organization?	(e) Original principal	(f) Balance	(g) <sup>1</sup> defau	In llt?	(h Approv boar comm	ved by d or littee?	(i ag	) Writ reeme	en nt?
Con repo (a) Name of	nplete if the or orted an amou (b) Relations	ganiz nt on ship (	ation answe Form 990, I (c) Purpose	ered "Yes Part X, I (d) Lo	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the organization?	(e) Original principal	(f) Balance	(g) <sup>1</sup> defau	In llt?	(h Approv boar comm	ved by d or littee?	(i ag	) Writ reeme	en nt?
Con repo (a) Name of	nplete if the or orted an amou (b) Relations	ganiz nt on ship (	ation answe Form 990, I (c) Purpose	ered "Yes Part X, I (d) Lo	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the organization?	(e) Original principal	(f) Balance	(g) <sup>1</sup> defau	In llt?	(h Approv boar comm	ved by d or littee?	(i ag	) Writ reeme	en nt?
Con repo (a) Name of	nplete if the or orted an amou (b) Relations	ganiz nt on ship (	ation answe Form 990, I (c) Purpose	ered "Yes Part X, I (d) Lo	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the organization?	(e) Original principal	(f) Balance	(g) <sup>1</sup> defau	In llt?	(h Approv boar comm	ved by d or littee?	(i ag	) Writ reeme	en nt?
Con repo (a) Name of interested person	nplete if the or orted an amou (b) Relations	ganiz nt on ship (	ation answe Form 990, I (c) Purpose	ered "Yes Part X, I (d) Lo	s" on Form 990-EZ ine 5, 6, or 22 pan to or from the organization?  From	(e) Original principal amount	(f) Balance	(g) <sup>1</sup> defau	In llt?	(h Approv boar comm	ved by d or littee?	(i ag	) Writ reeme	en nt?
Con report (a) Name of interested person	nplete if the or orted an amou (b) Relations with organiza	ganiz nt on ship tion	ation answe Form 990, (c) Purpose of loan	ered "Yese Part X, I (d) Lo co	s" on Form 990-EZ ine 5, 6, or 22 pan to or from the organization?  From	(e) Original principal amount	(f) Balance	(g) <sup>1</sup> defau	In llt?	(h Approv boar comm	ved by d or littee?	(i ag	) Writ reeme	en nt?
Con report (a) Name of interested person  Total . Part III Gra	nplete if the operated an amount of the organization of the organi	ganiz nt on ship ( tion	ation answe Form 990, (c) Purpose of loan	ered "Yese Part X, I (d) Lo o To	s" on Form 990-EZ ine 5, 6, or 22 pan to or from the organization?  From	(e) Original principal amount	(f) Balance due	(g) <sup>1</sup> defau	In llt?	(h Approv boar comm	ved by d or littee?	(i ag	) Writ reeme	en nt?
Con report (a) Name of interested person  Total .  Part III Gra Com	nplete if the or orted an amou (b) Relations with organiza	ganiz nt on ship tion stanc orgar (b)	ation answer Form 990, (c) Purpose of loan  Coe Benefit ization an Relationship rested person	red "Yes Part X, I (d) Lo To To ting In swered to between	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the organization?  From  From  terested Perso I "Yes" on Form  (c) Amount	(e) Original principal amount	(f) Balance due	(g) I defau	In lit?	(HApprov boar comm Yes	ved by d or littee?	Yes Yes	) Writireeme	en nt?
Con report (a) Name of interested person  Total Part III Gra Com (a) Name of interested con (c) Con report (c) Con report (c) Part (c) Con report (c) Part (	nplete if the or orted an amou (b) Relations with organiza	ganiz nt on ship tion stanc orgar (b)	ation answer Form 990, (c) Purpose of loan	red "Yes Part X, I (d) Lo To To ting In swered to between	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the organization?  From  From  terested Perso I "Yes" on Form  (c) Amount	(e) Original principal amount	(f) Balance due	(g) I defau	In lit?	(HApprovious Approvious Approviou	ved by d or ittee?	Yes Yes	) Writireeme	en nt?
Conrepo (a) Name of interested person  Total Part III Gra Com (a) Name of interested	nplete if the or orted an amou (b) Relations with organiza	ganiz nt on ship tion stanc orgar (b)	ation answer Form 990, (c) Purpose of loan  Coe Benefit ization an Relationship rested person	red "Yes Part X, I (d) Lo To To ting In swered to between	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the organization?  From  From  terested Perso I "Yes" on Form  (c) Amount	(e) Original principal amount	(f) Balance due	(g) I defau	In lit?	(HApprovious Approvious Approviou	ved by d or ittee? No	Yes Yes	) Writireeme	en nt?
Conrepo (a) Name of interested person  Total .  Part III Gra  Com	nplete if the or orted an amou (b) Relations with organiza	ganiz nt on ship tion stanc orgar (b)	ation answer Form 990, (c) Purpose of loan  Coe Benefit ization an Relationship rested person	red "Yes Part X, I (d) Lo To To ting In swered to between	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the organization?  From  From  terested Perso I "Yes" on Form  (c) Amount	(e) Original principal amount	(f) Balance due	(g) I defau	In lit?	(HApprovious Approvious Approviou	ved by d or ittee? No	Yes Yes	) Writireeme	en nt?
Conrepo (a) Name of interested person  Total Part III Gra Com (a) Name of interested	nplete if the or orted an amou (b) Relations with organiza	ganiz nt on ship tion stanc orgar (b)	ation answer Form 990, (c) Purpose of loan  Coe Benefit ization an Relationship rested person	red "Yes Part X, I (d) Lo To To ting In swered to between	s" on Form 990-EZ ine 5, 6, or 22 oan to or from the organization?  From  From  terested Perso I "Yes" on Form  (c) Amount	(e) Original principal amount	(f) Balance due	(g) I defau	In lit?	(HApprovious Approvious Approviou	ved by d or ittee? No	Yes Yes	) Writireeme	en nt?

Dusiness mansactions invo	nvilly filterested Fel	50115.			
Complete if the organization a	inswered "Yes" on Forn	n 990, Part IV, line 28a	a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f :ation's
				Yes	No
(1) MARTHINSEN & SALVITTI INSURANCE GROUP	MAJORITY OWNER	,	CURRENT TRUSTEE HAS OWNERSHIP INTEREST IN INSURANCE PROVIDER. THE TRANSACTION INCLUDES AMOUNTS PAID TO INSURANCE POLICY PROVIDERS AND INSURANCE BROKERAGE FEES.		No

**Explanation** 

Schedule L (Form 990 or 990-EZ) 2019

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

**Return Reference** 

**Supplemental Information** 

Part V

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134009221 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 . . 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 14 1,025,287 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 . 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 isn't 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page <b>2</b>								
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.									
Return Reference	Explanation								
	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, 2020.								
	Schedule M (Form 990) (2019)								

efile GRAPH	IC prin	t - DO NOT PROCESS	As Filed Data -		DLN:	93493134009221
SCHEDUL (Form 990 or EZ)	990-	Complete to prov Form 990 or	ride information for • 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ons on n.	OMB No. 1545-0047  2019 Open to Public Inspection
<b>Ntame</b> l <b>Bዩ the</b> ነው <b>ት</b> g WASHINGTON & JE					Employer identi 25-0965601	fication number
990 Schedul	e O, Su	pplemental Information	1			
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 1	EN THE FFICER OLUTION AND TE APPRO CCEPT TO THE AKE AN RIZED HIN AN OPERA AT THE ER, TH IRABILI E COM	E BOARD OF TRUSTEES IS AS OF THE BOARD; THE AM ON OF THE BOARD; THE CREMINATION OF THE PRESIVAL OF THE ANDUAL BUDGANCE OF AUDITED STATEM ECOLLEGE'S MISSION STAINS ARESOLUTION OF THE Y TWELVE-MONTH PERIODITION OF THE ECOMMITTEE (1) DULY COME IMPORTANCE OF TIMING TY OF FULL BOARD APPRO	NOT IN SESSION, E ENDMENT OR REP REATION OR DISSOI IDENT OF THE COL GET AND COMPREH MENTS; THE APPRO TEMENT; PROVIDE IN, OR ANY OTHER BOARD OF TRUST IN, EXPENDITURES L RESSING CIRCUMS NSIDERS THE NATL THE LENGTH OF T DVAL; (2) OBTAINS INES THAT ANY SU	POWER OF THE BOARD OF TIXCEPT FOR: THE ELECTION OF EAL OF THE COLLEGE CHART LUTION OF COMMITTEES OF THE AWARDING OF DE HENSIVE FEE (TUITION, FEES, DVAL OF DEBT AND INVESTMED, HOWEVER, THAT THE EXERD THE EXECUTIVE COMMITTEES. THE EXECUTIVE COMMITTEES AND FAVORABLE OF THE CHAIL THE COSTONE OF THE CHAIL CH EXPENDITURE IS FISCALL CHEXPENDITURE IS FISCALL	DF THE TRUSTEE FER OR BYLAWS, THE BOARD; THE GREES AND TEN ROOM AND BOA ENT POLICIES; AN CUTIVE COMMITTEE ENT SPECIFICALL TITEE MAY AUTHO ON WITH THE DA PPORTUNITIES; PO THE PARTIC! MEETING, AND RS OF ALL APPRI	ES AND O OR ANY RES EELECTION IURE; THE ORD); THE A ND CHANGES TEE MAY T ORIZE, WIT Y-TO-DAY ROVIDED TH ULAR MATT THE DES OPRIAT

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 Explanation

Reference

FORM 990,
PART VI,
SECTION B,
LINE 11B

THE FORM 990 IS REVIEWED BY THE VP FOR BUSINESS & FINANCE/CFO AND THE ASSOCIATE VP FOR BUSINESS & FINANCE/CONTROLLER. HIGHLIGHTS OF THE FORM ARE THEN REVIEWED WITH THE PRESIDENT OF THE COLLEGE. THE FORM IS AVAILABLE TO THE BOARD ONLINE, FOR THEIR REVIEW, AND IS PRESENTE
D TO THE AUDIT AND RISK COMMITTEE FOR THEIR REVIEW AND APPROVAL, PRIOR TO FILING WITH THE
INTERNAL REVENUE SERVICE

Return Reference	Explanation
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 & FINANCE/CFO: THE COL LEGE SUBCONTRACTED TO AN UNRELATED CONSULTANT GROUP FOR A SALARY AND BENEFITS REVIEW, INCL UDING AN ANALYSIS OF COMPARABLE DATA, AND ASSISTANCE WITH THE HIRING PROCESS. THE BOARD AN D THE SENIOR STAFF ALSO PARTICIPATED IN THE PROCESS.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation Reference

FORM 990. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -765.361.

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.

## Return Explanation

990 Schedule O, Supplemental Information

FORM 990,
PART VII,
EMERITUS
TRUSTEES:
TRUSTEE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134009221 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (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. (b) (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. (b) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III Identification of Related Organization one or more related organization				ete if the o	organization	answered "	Yes" on Forr	n 990,	Part 1	IV, line 34,	beca	use it	had
(a) Name, address, and EII related organization	(a)  Name, address, and EIN of related organization			(d) Direct controlling entity	unrelated excluded fr tax unde sections 5	ted, total inco i, om r	(g) Share of me end-of-year assets	Disprop	h) ortionate tions?	(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Org. because it had one or more rela							nswered "Ye	s" on F	orm 9	1 990, Part I\	/, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	l do (state	(c) egal micile or foreign untry)		(d) rect controlling entity	(e) Type of entity (C corp, S corp or trust)			(g) e of end year assets	l-of- Perce	<b>h)</b> entage ership	⊢	(i) ection 512(b) 3) controlled entity?
(1)CHARITABLE REMAINDER UNITRUST (6)	PHILANTHROPY		PA	JEF	SHINGTON & FERSON LEGE	T							Yes No
(2)CHARITABLE REMAINDER TRUST (3)	PHILANTHROPY		PA	JEF	SHINGTON & FERSON LEGE	Т							No

Page **3** 

Part V Transactions With Related Organization	s. 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)	<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e	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	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	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)			

р	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 lin	e, including covered i	relationships and trai	nsaction thresholds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount involv	'ed
	<del>-</del>				·	

Schedule R (Form 990) 2019

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managing partner?	or g	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
				_						Schedul	e R (Form	990	)) 2019

Schedule R (Form 990) 2019			Page <b>5</b>
Part VII	Supplemental Info	mental Information	
	Provide additional information for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation	