		9	eturn of Organization Exempt From Dinder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex		2010
	Forn (Rev		ary 202 Do not enter social security numbers on this form as it may	cept private roundations) he made nublic مُنْ الْمُنْ الْمُنْ	2015
	Depar	tment o	the Treas Go to www.irs.gov/Form990 for instructions and the lates	at information.	Open to Public Inspection
-				JUN 30, 2020	
-	B c	neck if	C Name of organization	D Employer identificati	on number
		Addres	S MUD LITELTAN C MADY ALIDOUT AGGOCTAMION		
	X	Name chang	Doing business as	54-6054289	
]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
		Final return/	P.O. BOX 2100	(757) 221-	
		termin ated Amend return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ H(a) Is this a group return	2,410,405.
		Applic tion pendir	F Name and address of principal officer:MARILYN W. MIDYETTE	for subordinates?	Yes X No
			SAME AS C ABOVE	H(b) Are all subordinates include	
-			empt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or 1 827 e: WWW.WMALUMNI.COM	H " '10', allaon a "oli	
				H(c) Group exemption number of formation: 1923 M Sta	
Í		rt I	Summary	or formation. 2323 Wijou	ate of legal doffilelic. V22
م			Briefly describe the organization's mission or most significant activities: TO SUPPORT	r WILLIAM & MA	RY AND
/	Activities & Governance	•	ITS ALUMNI THROUGH ENGAGEMENT ACTIVITIES AND S	SERVICES	-
_	r I				s
)	o ve		Check this box F I if the organization discontinued its operations or disposed of more Number of voting members of the governing body (Part VI, line 1a)	EIVED 3	24
	Ğ		Number of independent voting members of the governing body (Part VI, line 1b)) 4	24
	es 8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	8 2021 5	0
	ĬĮ	6	Total number of volunteers (estimate if necessary)	SX 6	160
	ţ;	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		97,473.
	`	b	Net unrelated business taxable income from Form 990-T, line 39	EN, UT 7b	77,713.
, -				Prior Year	Current Year
•	<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	1,564,828.	514,583.
	Revenue	9	Program service revenue (Part VIII, line 2g)	333,865.	253,533.
-	ě	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	363,343.	367,034.
}	-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	374,277.	208,232.
:		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,636,313.	1,343,382.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	58,757.	71,522.
•		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
,	ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
•	Sua	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	Expen		Total fundraising expenses (Part IX, column (D), line 25) 26,234.	1 000 504	
	۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,282,784.	1,019,948.
			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,341,541.	1,091,470.
	_ 0	19_	Revenue less expenses. Subtract line 18 from line 12	1,294,772.	251,912.
	Net Assets or Fund Balances		 	eginning of Current Year	End of Year 15,131,276.
	Base		Total assets (Part X, line 16)	17,973,025.	110,065.
•	팔		Total liabilities (Part X, line 26)		15,021,211.
i	_	<u>22</u> rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	17,003,777	13,021,211.
L			Ities of perjury, I declare that I have examined this return, including accompanying schedules and statem	nents, and to the hest of my kno	owledge and helief it is
			t, and ediffiplifts. Declaration of preparer (other lift an officen) is based on all information of which preparel		owicage and belief, it is
-	,	001100	VIVasila II IVIA III-	7/19/27	
,	Sign	1	Signature of officer	Date /	
	Here		MARILYN W. MIDYETTE, CEO	,	
			Type or print name and title		· · · · · · · · · · · · · · · · · · ·
		$\overline{}$	Print/Type preparer's name Preparer's signature	Date Check X	PTIN
		1	EDWARD T. YODER, CPA EDWARD T. YODER, CPA	—	P00239134
		er	Firm's name PBMARES, LLP	Firm's EIN ▶ 54	-0737372
		ıly	Firm's address 4801 COURTHOUSE ST., SUITE 128		
		-	WILLIAMSBURG, VA 23188	Phone no. 757 -	229-7180
		ne IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
		01-2			Form 990 (2019)

54-6054289

Page 3

Part IV Checklist of Required Schedules

_	1		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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	•		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		7.	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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		Х
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		X
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		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

54-6054289 THE WILLIAM & MARY ALUMNI ASSOCIATION Form 990 (2019) Part IV | Checklist of Required Schedules (continued) Yes Νo 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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? If "Yes," complete X 23 Schedule J 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 X Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b Schedule L, Part I 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 X 26 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 X entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L. Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V. line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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? X If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

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

46 0 1c X

Form **990** (2019)

1a

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		•	<u> </u>
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1,10
	filed for the calendar year ending with or within the year covered by this return 2a 0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	$\overline{\mathbf{x}}$	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	-
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	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?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		-	
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\overline{\mathbf{x}}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.		
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	.		
ь	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	. 1		
	organization is licensed to issue qualified health plans	,	.	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form 990 (2019) THE WILLIAM & MARY ALUMNI ASSOCIATION 54-6054289 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions		•	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 24	1	•	
	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 on Schedule O.			
ь	Enter the number of voting members included on line 1a, above, who are independent 1b 24	- '		
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		$\overline{\mathbf{x}}$
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ü	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{\ddot{x}}{x}$
6	Did the organization have members or stockholders?	6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, 4	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	$\overline{\mathbf{x}}$	
	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
J	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	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	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	14	-,	- 1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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		X
b	Other officers or key employees of the organization	15b		X
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	-		
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, DC, GA, HI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only	avaıla	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	cıal	
	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	_		
	ELAINE CAMPBELL - (757) 221-1201		_	
	P.O. BOX 2100, WILLIAMSBURG, VA 23187 5 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES		000	(0040)
93200	5 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES	rorm	330((2019)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 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

2.00	(A)	(B)			(((D)	(E)	(F)
Very companied by the companied of the	Name and title	_		not cl	heck i	more	than		,	,	
Compensation Comp									·	· ·	
CAPLA S. MORELAND			ctor								
CAPLA S. MORELAND			or dire	ا			ig g		_	(W-2/1099-MISC)	
CAPLA S. MORELAND			ıstee (truste		g.	beus		(W-2/1099-MISC)		-
CAPLA S. MORELAND		*	uat trı	onaf		ptoye	t coll				
CAPLA S. MORELAND			pwipu	ıstıtut	Hicer	еу еп	age (orae.			Organizations
(2) JANET OSBORN	(1) CARLA S. MORELAND		=	-=-	10	Ť	Ξ.	ш.			
2.00	PRESIDENT		X		X				0.	0.	0.
(3) GEORGE E. CRUSER	(2) JANET OSBORN	2.00									
TREASURER	VICE PRESIDENT		X		X				0.	0.	0.
(4) TINA R. KENNY 2.00 X	(3) GEORGE E. CRUSER	2.00									
X	TREASURER		X		X				0.	0.	0.
S JEAN MARIE BENTLEY	(4) TINA R. KENNY	2.00									
MEMBER	SECRETARY		X		Х				0.	0.	0.
Column	(5) JEAN MARIE BENTLEY	1.00								_	_
MEMBER			X						0.	0.	0.
The state of the	· · · · ·	1.00									
MEMBER		4 00	Х					_	0.	0.	0.
(8) ANNAMARIA DESALVA		1.00									_
MEMBER			Х					<u> </u>	0.	0.	0.
1.00	, ,	1.00									
MEMBER X 0. 0. 0. (10) JEAN B. ESTES 1.00 0. 0. 0. MEMBER X 0. 0. 0. (11) BRIAN J. FOCARINO 1.00 0. 0. 0. MEMBER X 0. 0. 0. (12) ALICE GRACE GIVENS 1.00 0. 0. 0. MEMBER X 0. 0. 0. (13) ANNA DINWIDDIE HATFIELD 1.00 0. 0. 0. MEMBER X 0. 0. 0. (14) MICHAEL HOAK 1.00 0. 0. 0. MEMBER X 0. 0. 0. (15) GERALD A. JEUTTER, JR. 1.00 0. 0. 0. MEMBER X 0. 0. 0. (16) SCOTT KELSEY 1.00 0. 0. 0. MEMBER X 0. 0. 0. (17) BARBARA J. MARCHBANK 1.00 0. 0. 0.		1 00	X	\longrightarrow			_		0.	0.	<u> </u>
1.00		1.00	ļ ,,								0
MEMBER X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1 00	A	\dashv			_	_	0.	0.	<u> </u>
MEMBER		1.00	.						1	_	^
MEMBER		1 00	Λ	\dashv			⊢	_	0.	0.	0.
MEMBER		1.00	v						١ ،	١	0
MEMBER X 0. 0. 0. (13) ANNA DINWIDDIE HATFIELD 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (14) MICHAEL HOAK 1.00 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. (15) GERALD A. JEUTTER, JR. 1.00 0. 0. 0. 0. (16) SCOTT KELSEY 1.00 0. 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. 0. (17) BARBARA J. MARCHBANK 1.00 0. 0. 0. 0. 0.		1 00	^	\vdash		-		 	•	0.	<u></u>
MEMBER	, ,	1.00	x						0.	0.	0.
MEMBER X 0. 0. 0. (14) MICHAEL HOAK 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (15) GERALD A. JEUTTER, JR. 1.00 0. 0. 0. 0. MEMBER X 0. 0. 0. 0. (16) SCOTT KELSEY 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (17) BARBARA J. MARCHBANK 1.00 0. 0. 0.		1.00			-			l -			
(14) MICHAEL HOAK 1.00 MEMBER X (15) GERALD A. JEUTTER, JR. 1.00 MEMBER X (16) SCOTT KELSEY 1.00 MEMBER X (17) BARBARA J. MARCHBANK 1.00	·		\mathbf{x}						0.	0.	0.
MEMBER X 0. 0. 0. (15) GERALD A. JEUTTER, JR. 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (16) SCOTT KELSEY 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (17) BARBARA J. MARCHBANK 1.00 0. 0. 0.		1.00							•		
(15) GERALD A. JEUTTER, JR. 1.00 MEMBER X (16) SCOTT KELSEY 1.00 MEMBER X (17) BARBARA J. MARCHBANK 1.00	MEMBER		x					ł	0.	0.	0.
MEMBER X 0. 0. 0. (16) SCOTT KELSEY 1.00 X 0. 0. 0. MEMBER X 0. 0. 0. 0. (17) BARBARA J. MARCHBANK 1.00 0. 0. 0. 0. 0.	(15) GERALD A. JEUTTER, JR.	1.00				-		-			
MEMBER X 0. 0. 0. (17) BARBARA J. MARCHBANK 1.00	MEMBER		x						0.	0.	0.
(17) BARBARA J. MARCHBANK 1.00	(16) SCOTT KELSEY	1.00									
	MEMBER		X				L	L	0.	0.	0.
MEMBER X 0. 0. 0.	(17) BARBARA J. MARCHBANK	1.00									
	MEMBER		X						0.	0.	0.

932007 01-20-20

Form 990 (2019)

Form	990 (2019) THE WILI	IAM & M	AR:	<i>Y 1</i>	\L	JMI	II	AS	SSOCIATION	54-6054	289	P	age 8
	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
	, (A)	(B)			((C)			(D)	(E)		(F)	
	Name and title	Average hours per week	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	1	stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensa rom the anizat d relat anizati	e tion ted
(18)	NATASHA MOULTON-LEVY	1.00									ŀ		_
MEMB		1 00	Х	<u> </u>	_	_			0.	0.			0.
(19) MEMB	TODD W. NORRIS BER	1.00	x						0.	0.			0.
(20)	FRED W. PALMORE III	1.00											
MEMB	ER		X						0.	0.			0.
(21)	KRISTEN QUACKENBUSH	1.00											
MEMB	ER		Х						0.	0.			0.
(22)	DAVID T. SCOTT	1.00							_	_			
MEMB	ER		X		<u> </u>		<u>.</u>		0.	0.			0.
(23)	JOHN COLE SCOTT	1.00								_			_
MEMB	ER		Х			L	_		0.	0.			0.
(24) MEMB	UMESH KUMAR TRIKHA ER	1.00	X						0.	0.	!		0.
(25) CEO	MARILYN W. MIDYETTE	40.00			х				0.	184,410.	3	7,1	41.
	JOHN S. KANE GING DIRECTOR FOR OPER	35.00					х		0.	118,568.		2,8	
1b	Subtotal							>	0.	302,978.	5	0,0	22.
С	Total from continuation sheets to Part	VII, Section A						•	0.	0.			0.
d	Total (add lines 1b and 1c)								0.	302,978.	5	0,0	22.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportable			(
	Sompondation northing of garingation.											Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for		ee, I	кеу б	emp	loye	e, oı	r hıg	hest compensated emp	oloyee on	3		X
4	For any individual listed on line 1a, is the		le co	mn	ensa	ation	an/	d oth	her compensation from	the organization	<u> </u>		
•	and related organizations greater than \$1	•							•		4	$\overline{\mathbf{x}}$	\Box
5	Did any person listed on line 1a receive or									idual for services			

rendered to the organization? If "Ye	es, " complete Schedule J for such person
Section B. Independent Contractors	· · · · · · · · · · · · · · · · · · ·

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but \$100,000 of compensation from the organization	not limited to those liste	ed above) who received more than	4

Form **990** (2019)

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		oncern concede o containe a response o	Those to any an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	t c	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and					
흱		similar amounts not included above	514,583.				
Son	•	Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f		514,583.			
	•		Business Code	, ,			
9	2 a	ALUMNI PROGRAM REVENUE	900099	253,533.	253,533.		
e Xi	b						
n Si	c	·					
Par	C	·					
Program Service Revenue	6	All Alexander					
_	ĭ	All other program service revenue		253,533.			
\neg	3	Investment income (including dividends, interes	t, and				
		other similar amounts)	•	453,559.			453,559.
	4	Income from investment of tax-exempt bond pro	oceeds 🕨				
	5	Royalties	•	80,054.			80,054.
		(i) Real	(II) Personal				=
	6 a						
		Less rental expenses 6b 6c 6c					ı
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other	,			
		assets other than inventory 7a 957,910.	_				
	b	Less: cost or other basis					
ığ		and sales expenses 7b 1,044,435.		,			
ther Revenue		Gain or (loss) 7c -86,525.		0.6 5.05		-	26 505
- E		Net gain or (loss) Gross income from fundraising events (not	•	-86,525.			-86,525.
ö	0 6	including \$ of contributions reported on line 1c) See					
		Part IV, line 18					
ı		Less. direct expenses Net income or (loss) from fundraising events					
ŀ		Gross income from gaming activities See					
ŀ		Part IV, line 19					
ĺ	b	Less: direct expenses 9b					_
	C	Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns					
	_	and allowances 10a	40,583.				
ŀ		Less: cost of goods sold [10b]	22,588.	17,995.	17,995.		
-		Net income or (loss) from sales of inventory	Business Code	17,393.	17,993.		 -
Si (11 a		561520	97,473.		97,473.	
Miscellaneous Revenue	t		900099	12,710.	12,710.		
Sell se	c						
Μis	c	All other revenue					
		Total. Add lines 11a-11d	•	110,183.			
	12	Total revenue. See instructions	•	1,343,382.	284,238.	97,473.	447,088.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(b) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	9,522.	9,522.		
_	and domestic governments. See Part IV, line 21	9,3220	9,322.		
2	Grants and other assistance to domestic	62,000.	62,000.		
_	individuals. See Part IV, line 22	02,000.	02,000.		
3	Grants and other assistance to foreign				-
	organizations, foreign governments, and foreign			·	
	Individuals. See Part IV, lines 15 and 16	-			
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
_	trustees, and key employees Compensation not included above to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
-	· · · · · · · · · · · · · · · · · · ·		-		
7 8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9	Payroll taxes				
1	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	33,232.		33,232.	
d	Lobbying	00,2020		00,2021	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	32,405.	25,924.	6,481.	
g	Other (If line 11g amount exceeds 10% of line 25,	02,200		0,2021	
9	column (A) amount, list line 11g expenses on Sch O.)	161,139.	145,524.	9,864.	5,751
12	Advertising and promotion	14,023.	14,023.	7,000.	. , , , , ,
13	Office expenses	158,511.	126,148.	11,880.	20,483
14	Information technology				
15	Royalties				
16	Occupancy	-			
17	Travel	67,259.	67,039.	220.	
 18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,226.	12,627.	19,599.	
20	Interest			• • • • • • • • • • • • • • • • • • • •	
21	Payments to affiliates		,		
22	Depreciation, depletion, and amortization	7,720.	7,720.		
23	Insurance	19,625.	4,344.	15,281.	
24	Other expenses. Itemize expenses not covered	,		:	
•	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ALUMNI EVENT EXPENSE	437,364.	425,285.	12,079.	
a b	AWARDS	52,737.	52,042.	695.	
C	REPAIRS AND MAINTENANCE	3,707.	3,707.		
d		3,,,,,			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,091,470.	955,905.	109,331.	26,234
:5 26	Joint costs. Complete this line only if the organization				
LU	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here fit following SOP 98-2 (ASC 958-720)				
	0 01-20-20				Form 990 (201

932010 01-20-20

Par	t X	Balance Sheet			· · · · · · · · · · · · · · · · · · ·		
		Check if Schedule O contains a response or note	e to any	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			229,647.	1	477,112.
	2	Savings and temporary cash investments			106,639.	2	6,827
	3	Pledges and grants receivable, net	301,368.	3_	243,634		
	4	Accounts receivable, net	69,318.	4	28,017		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	-		. 		
İ		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif			 		
		under section 4958(f)(1)), and persons described		6			
ış	7	Notes and loans receivable, net			13,346.	7	0
Assets	8	Inventories for sale or use			12,947.	8	12,009
⋖	9	Prepaid expenses and deferred charges			12,553.	9	25,036
	10a	Land, buildings, and equipment cost or other			,		
		basis Complete Part VI of Schedule D	10a	716,681. 653,040.			
	b	Less. accumulated depreciation	71,361.	10c	63,641		
	11	Investments - publicly traded securities	9,712,341.	11	9,373,331		
	12	Investments - other securities See Part IV, line 1	11		7,443,505.	12	4,901,669
	13	Investments - program-related See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			45 050 005	15	15 101 056
_	16	Total assets. Add lines 1 through 15 (must equa	al line 33		17,973,025.	16	15,131,276
	17	Accounts payable and accrued expenses	104,728.	17	65,473		
	18	Grants payable	30 000	18	20 422		
	19	Deferred revenue			39,800.	19	29,423
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form			٠ ,		
<u> </u>		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	-			22	
_	23	Secured mortgages and notes payable to unrela		*		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	5 1 <i>7-</i> 24). (omplete Part X	24,720.	25	15,169
	00	of Schedule D			169,248.	26	110,065
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ck boro	X	203,2200	20	220,000
es		and complete lines 27, 28, 32, and 33.	CK HEIE		i i		· ·
auc	27	Net assets without donor restrictions			10,717,640.	27	10,524,142
3al	28	Net assets with donor restrictions			7,086,137.		4,497,069
힏	20	Organizations that do not follow FASB ASC 9	58 chec	here	.,		,
Fū		and complete lines 29 through 33.			•		~
ō	29	Capital stock or trust principal, or current funds				29	<u> </u>
ets	30	Paid-in or capital surplus, or land, building, or eq	uupment	fund		30	_
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances	, 01		17,803,777.		15,021,211
	, ~~	Total fiel about of faile balanous			17,973,025.		15,131,276

Form **990** (2019)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

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

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

review, or compilation of its financial statements and selection of an independent accountant?

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

Act and OMB Circular A-133?

X

Form **990** (2019)

X

2c

За

3b

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE WILLIAM & MARY ALUMNI ASSOCIATION

Employer identification number 54-6054289

Pa	rt l	Reason for Public (Charity Status (/	All organizations must co	omplete th	ıs part) Se	e instructions		
1 2 3	organ	ganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
5		city, and state							
6 7	 X	section 170(b)(1)(A)(iv). (C A federal, state, or local gov An organization that normal section 170(b)(1)(A)(vi). (C	vernment or governn Ily receives a substa					public described in	
8 9		A community trust describe An agricultural research orgor university or a non-land-g	ed in section 170(b) (ganization described	ın section 170(b)(1)(A)(ix) operate				
10		An organization that normal activities related to its exensincome and unrelated business.	npt functions - subject ness taxable income	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	t from gross investment	
11 12		See section 509(a)(2). (Con An organization organized a An organization organized a more publicly supported or	and operated exclus and operated exclus ganizations describe	ively for the benefit of, to ed in section 509(a)(1) o	perform t r section (the functio 509(a)(2)	ons of, or to carry out the See section 509(a)(3). C		
а		Innes 12a through 12d that Type I. A supporting orgathe supported organization You must of	anization operated, son(s) the power to re	supervised, or controlled gularly appoint or elect	by its sup	ported org	ganization(s), typically by		
b		Type II. A supporting org control or management o organization(s) You mus	anization supervised of the supporting org	d or controlled in connect anization vested in the s			*	=	
d		Type III functionally inte its supported organizatio Type III non-functionally	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
e		that is not functionally int requirement (see instruct Check this box if the organization)	egrated. The organizions). You must con	zation generally must sa mplete Part IV, Sections	tisfy a dist s A and D,	ribution re and Part	quirement and an attent V.		
f	Ent	functionally integrated, or er the number of supported of vide the following information	r Type III non-functio organizations	nally integrated support					
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
							_		
Tota	al								

54-6054289 Page 2 Schedule A (Form 990 or 990-EZ) 2019 THE WILLIAM & MARY ALUMNI ASSOCIATION

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support	·						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	684,496.	908,079.	1,723,082.	1,564,828.	514,583.	5,395,068.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	684,496.	908,079.	1,723,082.	1,564,828.	514,583.	5,395,068.	
	The portion of total contributions	· · · · ·			· · · · · · · · · · · · · · · · · · ·			
•	by each person (other than a					j		
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4						5,395,068.	
	ction B. Total Support							
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	684,496.	908,079.	1,723,082.	1,564,828.	514,583.	5,395,068.	
	Gross income from interest,	000,000		, , ,	, , -			
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	517.357.	497,257.	686,927.	689,080.	533,613.	2,924,234.	
۵	Net income from unrelated business	02.700.1	,			000,000		
3	activities, whether or not the							
	business is regularly carried on	56,589.	51,436.	57,161.	81,922.	83,673.	330,781.	
10	Other income. Do not include gain	30,3031	32,2331	0.,2020	01,711			
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	12,120.	13,181.	11,017.	7,699.	12,710.	56,727.	
44	Total support. Add lines 7 through 10	22,2200	23,2321	22,02,0	.,000		8,706,810.	
12	Gross receipts from related activities,	etc (see instructi	one)			12 2	,125,589.	
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ay vear as a sectio		,,	
10	organization, check this box and stor		mat, accord, triii	a, rourti, or mar te	ix year as a scotto	11 00 1(0)(0)		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	.				
	Public support percentage for 2019 (olumn (f))		14	61.96 %	
	Public support percentage from 2018	•	-	.,,		15	65.99 %	
	33 1/3% support test - 2019. If the			n line 13, and line	14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies	•				•	$\triangleright X$	
b	33 1/3% support test - 2018. If the		-		line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual						ightharpoons	
17a	10% -facts-and-circumstances tes		• • •		e 13, 16a, or 16b. a	and line 14 is 10%	or more,	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"			-	•	3	▶ □	
h	10% -facts-and-circumstances tes	J	•		•	17a, and line 15 is	10% or	
_	more, and if the organization meets the	-						
	organization meets the "facts-and-cire							
18	~						s •	
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

932023 09-25-19

Ves Ne

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A.	AII	Supporting	Organizations
------------	-----	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) nurnoses
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a 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.
- b 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.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	162	140
1		
2		
3a		
3b	l	
3c	_	
30		 ;
4a		
4b		
4c		
-		
5a		
<u> </u>		
5b		
5c		
6		<u> </u>
7	 	
		لــــا
8		
9a		
Oh		
9b	\vdash	
		لــــا
9с		
- 1		
10a		
10b		

932025 09-25-19

Pa	¹t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year).			;]		
а	Average monthly value of securities	1a				
ь	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount 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				
Sect	on 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	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6		<u> </u>		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	anization (see		
	inetriotions)					

Schedule A (Form 990 or 990-EZ) 2019

chedule A (Form 990 or 990-EZ) 2019 THE WILLIAM & MARY ALUMNI ASSOCIATION 54-6054289 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 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 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) **Underdistributions** Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 1 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 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) i Remainder, Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7. a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

							<u>54-6054289</u>	Page 8
Part IV, Section A, line 1. Part IV. Sec	, lines 1, 2, 3b, 3 :tion D. lines 2 a	3c, 4b, 4c, 5a, 6 nd 3: Part IV. S	6, 9a, 9b, 9c, 1 Section E. lines	l1a, 11b, and 1 s 1c. 2a. 2b. 3a	l1c; Part IV, S and 3b. Part	ection B, lines 1 V. line 1. Part \	and 2, Part IV, Section Section B. line 1e: Pa.	n C, art V,
(See instructions.)	o, and 8, and F	art v, Section	E, lines 2, 5, a		piete triis pari	ior any additio	nai information.	
								_
•								
								
								
		· -						
			-					
		·			-			
		,						
			-					
							<u></u>	
								
_								,
								-
							-	
	Supplemental Part IV, Section A, line 1, Part IV, Sec Section D, lines 5, (See instructions.)	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1, Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8, and F (See instructions.)	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 line 1, Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8, and Part V, Section I (See instructions.)	Supplemental Information. Provide the explanations of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, at (See instructions.)	Supplemental Information. Provide the explanations required by Par Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also com (See instructions.)	Supplemental Information. Provide the explanations required by Part II, line 10, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Ine 11c; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1, 2a, 2b, 3a, and 3b, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part (See instructions.)	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 Part IV, Section D, lines 1, 2art IV, Section B, lines 1, Part IV, Section D, lines 2, 3c, and 3b, Part V, line 1, 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 additio (See instructions.)	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 II, line 1, Part V, Section B, lines 1 and 2, Part IV, Section II, lines 1, Part V, Section B, lines 1 and 2, Part IV, Section B, lines 1, Part V, Section B, lines 2, Section B, lines 3, Section B, lines 1, Part V, Section B, Part V, Section B, lines 1, Part V, Section B, lines 1, Part V, Section B, Part

SCHEDULE D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE WILLIAM & MARY ALUMNI ASSOCIATION

Employer identification number 54-6054289

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds					
	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor a		used only					
	for charitable purposes and not for the benefit of the donor of							
	impermissible private benefit?		Yes No					
Pa	rt II Conservation Easements. Complete if the ore	ganization answered "Yes" on Form 990, Pa	art IV, line 7					
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (for example, recrea	· —	historically important land area					
	Protection of natural habitat		a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b .					
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c					
	Number of conservation easements included in (c) acquired	* *						
_	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the						
•	vear ▶	,,	organia and resulting the tank					
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the pe	<u> </u>						
_	violations, and enforcement of the conservation easements	- · ·	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,		ervation easements during the year					
_	>	,	,					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year					
	▶ \$		5 ,					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)					
_	and section 170(h)(4)(B)(ii)?	, , ,	Yes No					
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense s	statement and					
	balance sheet, and include, if applicable, the text of the footi							
	organization's accounting for conservation easements	· ·						
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.					
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	-					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement ar	nd balance sheet works					
	of art, historical treasures, or other similar assets held for pul							
	service, provide in Part XIII the text of the footnote to its fina							
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	alance sheet works of					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,					
	provide the following amounts relating to these items.		·					
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$					
	(ii) Assets included in Form 990, Part X		▶ \$					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide					
-	the following amounts required to be reported under FASB A							
а	Revenue included on Form 990, Part VIII, line 1	 	▶ \$					
	Assets included in Form 990, Part X		•					

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 THE WILLIAM	& MARY ALUMN	I ASSOCIATION	54-6054289 Page
Part VII Investments - Other Securities.	* = -		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ENDOWMENT FUNDS HELD BY			-
(B) OTHERS	4,901,669.	END-OF-YEAR MA	ARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,901,669.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation. Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			

(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)	.	l

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	15,169.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 15,169.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

INCOME TAXES: THE ALUMNI ASSOCIATION IS A NONSTOCK CORPORATION THAT HAS

BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE EXEMPT FROM TAXES ON

INCOME DERIVED FROM ACTIVITIES RELATED TO ITS TAX-EXEMPT PURPOSE UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.CERTAIN ACTIVITIES OF THE

ALUMNI ASSOCIATION ARE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

NO SUCH TAXES WERE DUE FOR THE CURRENT OR PRIOR YEAR.

FASB ASC TOPIC 740, INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

...

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.

OMB No 1545-0047

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

º ⊠ **Employer identification number** 54-6054289 (h) Purpose of grant SAMMONS SCHOLARSHIP or assistance ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete of the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 9,522 (d) Amount of THE WILLIAM & MARY ALUMNI ASSOCIATION cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501(C)(3) Enter total number of other organizations listed in the line 1 table 54-0734117 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization FOUNDATION - 5300 DISCOVERY PARK BOULEVARD - WILLIAMSBURG, VA COLLEGE OF WILLIAM & MARY or government Name of the organization 23188-2695 Part I Part II

Schedule I (Form 990) (2019)

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

Page 2 Schedule I (Form 990) (2019) (f) Description of noncash assistance 54-6054289 (e) Method of valuation (book, FMV, appraisal, other) Part IV. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed AMOUNTS WERE UNDER \$5,000 FOR EACH PARTICIPANT. NO REQUIREMENTS FOR (d) Amount of non-cash assistance 0 v THE WILLIAM & MARY ALUMNI ASSOCIATION 62,000. (c) Amount of cash grant (b) Number of recipients 20 ORDER OF THE WHITE JACKET SCHOLARSHIPS (a) Type of grant or assistance PART I, LINE 2: Schedule I (Form 990) (2019) DISCLOSURE 932102 10-26-19 Part III

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

THE WILLIAM & MARY ALUMNI ASSOCIATION

Employer identification number

Schedule J (Form 990) 2019

54-6054289

	art I Questions negarding compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			- 1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			1
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1 1
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			1
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			 -
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		 -
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only analysis 504/aV(s) 504/aV(s) and 504/aV(s) annuminations must assume 5 0	1		
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of	 5a		$\overline{\mathbf{x}}$
	The organization?	5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of.			
2	The organization?	—— 6а		$\overline{\mathbf{x}}$
h	Any related organization?	6b		X
J	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-	
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		$\overline{\mathbf{x}}$
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 4958-6(c)?	9		

932111 10-21-19

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

54-6054289 THE WILLIAM & MARY ALUMNI ASSOCIATION

Page 2

Schedule J (Form 990) 2019

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). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(1)-(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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ble	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MARILYN W. MIDYETTE	Ξ	0	0	0	0	0	0	0
СЕО	(ii)	184,410.	0.	0.	15,277.	21,864.	221,55	
	Θ							
	⊞							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(E)							:
	Ξ							
	(E)							
	Θ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(ii)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	<u> </u>							
	Θ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(11)							
	Ξ							
	(ii)							
				Li C			Schedu	Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE WILLIAM & MARY ALUMNI ASSOCIATION

Employer identification number 54-6054289

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CHAPTER & REGIONAL ENGAGEMENT - WHICH FOCUSES ON INCREASING ALUMNI
ACTIVITY AROUND THE COUNTRY AND INTERNATIONALLY, GROWING THE NUMBER OF
ALUMNI CHAPTERS, BROADENING COVERAGE IN KEY METRO AREAS AND INCREASING
THE NUMBER OF UNIVERSITY STAFF AND FACULTY TRAVELING TO MEET WITH
ALUMNI WHERE THEY LIVE AND WORK. ALUMNAE & AFFINITY GROUP INITIATIVES
THAT UNITE ALUMNI AROUND SHARED INTERESTS, EXPERIENCES AND IDENTITIES
CREATING STRONGER VALUE DRIVEN NETWORKS THAT BENEFIT EACH OTHER AND THE
UNIVERSITY. STUDENT OUTREACH ENGAGING NEW MEMBERS OF THE TRIBE EARLY
TO EDUCATION AND TO PROMOTE A DYNAMIC, LONG-LASTING RELATIONSHIP FOR A
LIFETIME.
EXPENSES \$ 9,522. INCLUDING GRANTS OF \$ 9,522. REVENUE \$ 12,710.
FORM 990, PART VI, SECTION A, LINE 6:
THE ASSOCIATION COUNTS ALL ALUMNI AS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
ALL MEMBERS OF THE ASSOCIATION CAST A BALLOT FOR ALL PERSONS ACCEPTED FOR
NOMINATION TO THE GOVERNING BODY UPON THEIR CONSENT TO BE PLACED ON THE
BALLOT.
FORM 990, PART VI, SECTION A, LINE 7B:
CHANGES IN GOVERNANCE AFFECTING ASSOCIATION MEMBERSHIP, NOMINATIONS AND
ELECTIONS, DISSOLUTION, OR PURPOSES OF THE ASSOCIATION MAY ONLY BE AMENDED
BY MEMBERSHIP VOTE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

Name of the organization **Employer identification number** THE WILLIAM & MARY ALUMNI ASSOCIATION 54-6054289 FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE 990 IS PROVIDED TO THE MEMBERS OF THE BOARD FOR THEIR APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: AT BOARD OF DIRECTORS MEETINGS, MEMBERS ARE REMINDED OF THE ORGANIZATION'S POLICY AND ALL MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST/COMPLIANCE/DISCLOSURE STATEMENT ANNUALLY. PER ORGANIZATION'S BYLAWS, MEMBERS ARE PROHIBITED FROM VOTING ON A MATTER WHERE THE MEMBER HAS A CONFLICT OF INTEREST. ANY QUESTIONABLE INTERESTS ARE COMMUNICATED, DOCUMENTED AND VOTED ON AT THE MEETING IN WHICH THEY ARISE. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CT, DC, GA, HI, VA, WA, WV, WI, ME, MD, MA, MI, MN, MS, MO, NH, IL, LA, OH, OR PA, RI, SC, TN, UT, NJ, NM, NY, NC, KS, KY, ND FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, TAX DOCUMENTS AND FINANCIALS ARE PROVIDED ON THE ALUMNI ASSOCIATION'S WEBSITE. CONFLICT OF INTEREST STATEMENT IS IN BYLAWS AVAILABLE ON WEBSITE; COI POLICY IS IN INTERNAL DEPARTMENTAL SHARE POLICY DOCUMENTS FOR BOARD MEMBERS AND EMPLOYEES. FORM 990, PART IX, LINE 11G, OTHER FEES: STEWARDSHIP EXPENSES: PROGRAM SERVICE EXPENSES 1,368. MANAGEMENT AND GENERAL EXPENSES 1,817. 1,817. FUNDRAISING EXPENSES 5,002. TOTAL EXPENSES Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19

Name of the erganization THE WILLIAM & MARY ALUMNI ASSOCIATION	Employer identification number 54-6054289
EVENT SERVICES:	
PROGRAM SERVICE EXPENSES	105,115.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	105,115
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	39,041
MANAGEMENT AND GENERAL EXPENSES	8,047
FUNDRAISING EXPENSES	3,934
TOTAL EXPENSES	51,022
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	161,139
FORM 990, PART XIII, LINE 2C	
THE ORGANIZATION'S BOARD OF DIRECTORS INCLUDES A FINANCE	COMMITTEE THAT
IS RESPONSIBLE FOR THE OVERSIGHT OF THE INDEPENDENT AUDIT	r.
FORM 990, SCHEDULE J, PART I	
THE ASSOCIATION DOES NOT HAVE COMPENSATION AND EMPLOYEE E	SENEFTT
PRACTICES FOR DISCLOSURE IN PART I OF SCHEDULE J AS THEY	
DIRECTLY EMPLOY INDIVIDUALS. ALL EMPLOYEES ARE COMPENSATE	
COLLEGE OF WILLIAM AND MARY FOR THE SERVICES THEY PROVIDE	
ASSOCIATION.	
FORM 990, PART XI, LINE 8:	
THE AUDITED FINANCIAL STATEMENTS FOR JUNE 30, 2019 HAVE I	BEEN RESTATED

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE WILLIAM & MARY ALUMNI ASSOCIATION	Employer identification number 54-6054289
TO REMOVE THE ALUMNAE INITIATIVE FUND FROM THE WILLIAM &	MARY ENDOWMENT
INFORMATION WHICH WAS DEEMED TO BELONG TO THE WILLIAM & M	ARY
FOUNDATION. THE PRIOR PERIOD ADJUSTMENT REPRESENTS THE TO	TAL CHANGE IN
NET ASSETS RELATED TO THIS RESTATEMENT. SCHEDULE D, PART	V FOR
ENDOWMENT FUNDS HAS ALSO BEEN RESTATED TO REPORT ENDOWMEN	T FUND
ACTIVITY BEGINNING WITH THE EARLIEST YEAR REPORTED.	