Department of the

Treasury

DLN: 93493136126732

OMB No. 1545-0047

2020

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.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

		2020 0		ning 07 01 2020 and anding 0	6 20 2021				
			C Name of organization	nning 07-01-2020 , and ending 0	0-30-2021		D Employ	er ident	tification number
		pplicable: change	The College of Wooster			- 1			cation maniper
□ Na	me ch	ange					34-071	4654	
	tial ret		Doing business as						
		n/terminated d return		nail is not delivered to street address) Roo	m/suite		E Telephor	ne numb	er
		on pending	1101 N Povor Stroot	Not delivered to burdet dad ess, inte	in, saice		(330) 2	63-232	<u>:</u> 1
				ntry, and ZIP or foreign postal code					
			Wooster, OH 44691				G Gross re	eceipts \$	228,001,965
			F Name and address of principa	al officer:	H(a)	Is this a	a group re	turn for	r
			Sarah R Bolton 1101 N Bever Street			subordi			□Yes ☑ No
			Wooster, OH 44691		— H(b)	Are all :	subordina d?	tes	☐ Yes ☐No
[Ta:	x-exen	npt status:	✓ 501(c)(3)	(insert no.) 4947(a)(1) or 52	7			list. (se	e instructions)
J W	ebsit	e:► ww	w.wooster.edu		H(c)	Group 6	exemption	numbe	er 🕨
					1.,,		1055	14 c	<u> </u>
K Forr	n of or	rganization	: 🗹 Corporation 🗌 Trust 🔲 Asso	ociation Other >	L Year	of formati	on: 18 66	OH Stat	e of legal domicile:
Ps	art I	Sum	mary						
1 6		_	scribe the organization's mission o	or most significant activities:					
	1	The Colleg	ge of Wooster is a community of in	ndependent minds, working together	to prepare s	tudents	to become	e leadei	rs of character and
Activities & Governance		nfluence i	n an interdependent global comm	unity.					
Ē	-								
ē,	-								
3				scontinued its operations or disposeding body (Part VI, line 1a)			of its net a	ssets. 3	3 4:
ಶ ಚ				f the governing body (Part VI, line 1b				4	
<u> </u>	l		, -	ilendar year 2020 (Part V, line 2a)				5	
5			• •	cessary)				6	
¥	l		·	t VIII, column (C), line 12		· · ·	•	78	
	l			m Form 990-T, line 39				71	
	_						r Year	1	Current Year
_	8	Contribut	cions and grants (Part VIII, line 1h)			22,476,	174	30,725,53
Rəvenue	l		- ,)			121,682,		119,017,89
ōΛċ	10	Investme	ent income (Part VIII, column (A),	lines 3 , 4 , and 7d)			14,327,	550	35,095,76
Œ	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			82,	644	77,52
	12	Total rev	enue—add lines 8 through 11 (mu	ıst equal Part VIII, column (A), line 12	2)		158,568,	608	184,916,71
	13	Grants ar	nd similar amounts paid (Part IX, o	column (A), lines 1–3)			62,227,	726	64,778,78
	14	Benefits	paid to or for members (Part IX, c	olumn (A), line 4)				0	
88	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5-1	0)		63,657,	261	58,432,32
1 36	16 a	Professio	nal fundraising fees (Part IX, colu	mn (A), line 11e)			60,	000	18,00
Expenses	ь	Total fund	raising expenses (Part IX, column (D),	line 25) ▶3,447,184					
m	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			35,083,	381	35,610,78
	18	Total exp	enses. Add lines 13–17 (must eq	ual Part IX, column (A), line 25)			161,028,	368	158,839,89
	19	Revenue	less expenses. Subtract line 18 fr	om line 12			-2,459,	760	26,076,81
Net Assets or Fund Balances					Beg	inning o	f Current Y	'ear	End of Year
alan	20	Total acc	ets (Part X, line 16)				592,071,	433	694,683,91
A B			ilities (Part X, line 26)		_		74,473,		70,582,34
E E			es or fund balances. Subtract line		•		517,597,		624,101,56
	rt II		ature Block						
Jnder	pena	alties of p	erjury, I declare that I have exam	ined this return, including accompan					
	ledge nowle		f, it is true, correct, and complete	e. Declaration of preparer (other than	officer) is b	ased on	all inform	ation of	which preparer has
		l k							
		Signati	* ure of officer			2022- Date	05-16		
Sign Here						Date			
пете	•		E Prince VP for Finance & Business r print name and title						
		17	rint/Type preparer's name	Preparer's signature	Date			PTIN	
Paid	1	[]	A - Mar - B Barrar a reserve		2022-05-1	-		P012476	72
	a pare	sr	ïrm's name ► RSM US LLP	1			FIN ► 42	-071432	5
-	On	<u> </u>	Semila addraga > 20 C Western Date: Ct	2200		-	/2:2:	604.61-	
	J 11	·• ⁻	irm's address ► 30 S Wacker Drive Ste	3300		Phone	e no. (312)	ხ34-340	U
			Chicago, IL 60606			1			
May t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)				\checkmark	Yes 🗌 No

Form	990 (2020)					Page 2						
Pa	rt III Statement	of Program Servi	ce Accomplis	hments								
	Check if Sch	edule O contains a resp	onse or note to a	any line in this Part III .		🗹						
1	Briefly describe the	organization's mission:										
an in	terdependent global c gnized for excellence i	ommunity. We engage n teaching, Wooster gr	motivated stude aduates are crea	ents in a rigorous and dy	re students to become leaders namic liberal education.Mento iinkers with exceptional abilitie							
2	Did the organization	undertake any signific	ant program ser	vices during the year wh	nich were not listed on							
	the prior Form 990 d	or 990-EZ?				🗌 Yes 🗹 No						
	If "Yes," describe the	ese new services on Sc	hedule O.									
3	Did the organization	cease conducting, or r	make significant	changes in how it condu	cts, any program							
	services?											
	If "Yes," describe the	ese changes on Schedu	ıle O.									
4	Section 501(c)(3) ar		ions are required	to report the amount of	largest program services, as n f grants and allocations to oth							
4a	(Code:) (Expenses \$	92,073,061	including grants of \$	61,627,353) (Revenue \$	100,263,439)						
	See Additional Data			· · · · · · · · · · · · · · · · ·								
4b	(Code:) (Expenses \$	22,717,515	including grants of \$	2,855,665) (Revenue \$	998,913)						
	See Additional Data	, (Expended ¢										
4c	(Code: See Additional Data) (Expenses \$	17,042,560	including grants of \$	0) (Revenue \$	16,875,564)						
	(Code:) (Expenses \$	11,649,057	including grants of \$	295,770) (Revenue \$	879,976)						
	Research Programs, Pu	blic & Academic Support										
4d	Other program servi	ices (Describe in Sched	lule O.)									
	(Expenses \$	11,649,057 inc	cluding grants of	\$ 295,7	70) (Revenue \$	879,976)						

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Par	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 3	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
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	
	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
ь	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	Yes	
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	Yes	
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	20a		No

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

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

20b

21

Yes

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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
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 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
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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	Yes	
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		No
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? Note. 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			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1,938		Yes	No

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1b

1c

Yes

				Page 5		
	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					
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			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes			
	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)? If "Yes," enter the name of the foreign country:	4a		No		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No		
b		5b				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	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		No 		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b				
	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 services provided to the payor?			No ——		
	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 file Form 8282?	7c		No		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
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 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
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					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	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		

Form	990 (2020)			Pag
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to l	lines V
Se	ction 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 41			
	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 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		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?	7b		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 Revenue	⊇ Cod∈	ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► AL , CO , KY , MD , MA , MI , NY , OH , OK	, SC ,	WA , FL	, GA
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.	<u>,</u>		
	☐ 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: Eileen Walker 1101 N Bever Street Wooster, OH 44691 (330) 263-2018			

Part VII

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

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

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

• 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.

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

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

	for related							/W 2/1000	(1) 2/1000	organization and
	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
See Additional Data Table										
-										
										Form 990 (2020)

1 01111	336 (2020)														rage 0
Pai	t VII Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	es,	, and	High	nest Comp	pensa	ted Em	ployees	(cont	inued)	
	(A) Name and title	(B) Average hours per week (list any hours	than o	one b	ox, u in off	t ch inle: fice:	eck moss pers r and a tee)	son	Report compen- from organiz	able sation the ation	con fro org	from related organizations		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 compensate employee	Former	(W-2/1 MIS		(vi			related organizations	
	Additional Data Table						<u> </u>								
	Additional Data Table														
	Sub-Total						<u> </u>						工		
	Total from continuation sheets to P Total (add lines 1b and 1c)	•					>		2,418	8,757			0		622,567
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos				e) who	rece	eived more	than s	100,000	ı			
_	5.1.1													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>											yee on •	3		No
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than \$	150,00	0? <i>If</i>	"Yes	," c	omplet	te Sc	hedule J fo	r such			4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization	ive or accrue cor	npensat	tion f	rom	any	unrela	ated	organizatio				5		No
Se	ection B. Independent Contract												_		
1	Complete this table for your five high from the organization. Report compe												mpen		
	Name	(A) and business addre	ess							De	(B) scription o			(C Comper	
_	er Corporation								Co	nstruct	ion/Project	t Related		3	,571,142
Woos	ter, OH 44691 neyer Associates								D.:	of CVC:	Architects				E47 707
51 Sle	eeper Street NW								l _{bu}	UI SVC:	Architects	•		1	,547,787
	n, MA 02210 er Construction Company								Co	nstruct	ion				477,597
	fulberry PO Box 887 ter, OH 44691														
EAB G	Global Inc DBA EAB								Ad	lmissior	Consulta	nts			438,177
Wash	M Street NW ington DC, DC 20037 cello Associates Inc								T	voctro-	at Advisor	-			270.000
1800	Larimer Street								lini	vesume	nt Advisors	•			270,000
2 7	er, CO 80202 Total number of independent contracto		not lim	ited t	to th	ose	listed	abov	/e) who rec	eived	more tha	n \$100,0	00 of		
	compensation from the organization >	12												Form 99	n (2020)

		(2020)								Page 9
Part	VIII				respo	nse or note to any	line in this Part VIII			\square
		Check ii Schec	<u>uuie</u>	O CONTAINS A	respo	Tise of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1a	Federated campaig	gns	1	La	4,587		revenue		312 314
ants	b	Membership dues			b					
S. Cr	С	Fundraising events	5.	. [1	Lc					
ifts, ar A		Related organization		<u> </u>	ld	58,226				
s. G imil		Government grants (Le	5,552,112				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions and similar amounts above Noncash contributions			Lf	25,110,605				
<u>a</u> <u>fi</u>	_	lines 1a - 1f:\$	S INCI	l l	Lg	1,805,759				
Contand	h	Total. Add lines 1a	a-1f				30,725,530			
						Business Code				
<u>e</u>	2a	Tuition and Fees				900099	100,250,272	100,250,272		
even	b	Room & Board				721000	16,386,755	16,386,755		
vice A	c	Student Services				900099	1,537,720	1,537,720		
n Ser	d	Student Auxiliary Ser	vices	;		451211	488,809	17,746		471,063
Program Service Revenue	е	Community Events				900099	1,199	1,199		
۵	f	All other program	serv	rice revenue.			353,137	353,137		
	—	Total. Add lines 2				119,017,892	•	1	1	
		Investment income similar amounts)			nds, ii •	nterest, and other	6,594,476	5	151,191	6,443,285
	4	Income from invest	mer	nt of tax-exen	npt bo	ond proceeds >				
	5	Royalties	_		•	•	20,855			20,855
				(i) Real		(ii) Personal	_			
	6a	6a Gross rents 6a			78,111					
	b Less: rental expenses 6b			21,441						
	c	Rental income					-			
		or (loss)	6 c		56,670	l .				
		Net rental income	or			(ii) Other	56,670	,		56,670
	7a	Gross amount		(i) Securit	.165	(II) Other	-			
	'	from sales of assets other than inventory	7a	42,8	61,002	28,704,099				
	b	Less: cost or other basis and sales expenses	7b	36,2	64,555	6,799,256	5			
		Gain or (loss)	7 c		96,447	<u> </u>	- ↓			
		Net gain or (loss)				· · · •	28,501,290			28,501,290
Other Revenue	oa	contributions reported	d on	of line 1c).						
}e√		See Part IV, line 18			8a		_			
er		Less: direct expen Net income or (los			8b	ents 🔈	J			
O#		`	,							
_	9a	Gross income from See Part IV, line 19	gam •	ing activities.	9a					
	l b	Less: direct expen			9a 9b		-			
		: Net income or (los				es >	J			
				·		•				
	10	aGross sales of inve returns and allowa	ento	ry, less s	10a					
	b	Less: cost of good	s so	ld	10b		1			
	_	Net income or (los			nvent	ory ►	_			
		Miscellaneo	us R	evenue		Business Code	_			
	11	.a								
	l b	,								
	_									
		,								
	۔ ا	All other revenue					1	1		
		Total. Add lines 1				•		1		
		: Total revenue. S			-					
		- Juli Feveride: 3	JU 11	.50, 400,0115	•	• • • •	184,916,713	118,546,829	151,191	35,493,163

Rey employees	Form	990 (2020)				Page 10
Check Schedul Contains a response or note to any line in this Park No. CO Ph. 8b, 9b, and 10b of Park VIII. Ph. 9b, and 10b of Park VIII. Park	Pa					
Do not Include amounts reported on lines 6b, 8b, 9b, 4nd 100 of Part VIII. (a) Page 100 of Part VIII. (b) Changement who give even de greenes Publication of Control of Part VIII. (c) Publication of Control of Part VIII. (c) Publication of Control of Part VIII. (c) Publication of Control of Contr				_		ımn (A).
Total Expension Program Service Program Service Production P		Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
Comparation of current of comments and com				Program service	Management and	Fundraising
Part IV, Ine 22 3 10,761,430 10,761,430 3 10,			21,474	21,474		
governments, and foreign individuals. See Part IV, lines 15 and 15. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(ff(1)) and persons described in section 4958(ff(1)) and 4938(ff(1))			53,995,884	53,995,884		
Second Comparison of Current Officers, directors, trustees, and levy employees 928,416 730,944 344,59		governments, and foreign individuals. See Part IV, lines 15	10,761,430	10,761,430		
Rey employees	4	Benefits paid to or for members				
defined under section 4958(f)(1) and persons described in section 4958(f)(3)(8)	5		2,003,958	928,416	730,944	344,598
## Other salaries and wages ## 40,226,948 33,493,260 3,036,242 1,697,44 ## Persion plan accurates and contributions (include section 401 (k) and 403(b) employer contributions ## 10,783,407 9,802,788 482,586 498,03 ## 2,955,816 2,565,005 252,991 137,82 ## 2,955,816 2,565,005 252,991 137,82 ## 2,955,816 2,565,005 252,991 137,82 ## 2,955,816 2,565,005 252,991 137,82 ## 3,200,533 67,922 252,611 ## CAccounting		defined under section 4958(f)(1)) and persons described in				
(K) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 2,955,816 2,565,005 252,991 137,82 11 Fees for services (non-employees): a Management b Legal .		F	40,226,948	35,493,260	3,036,242	1,697,446
10 Payroll taxes			2,462,193	2,116,050	240,388	105,755
11 Fees for services (non-employees): a Management . b Legal	9	Other employee benefits	10,783,407	9,802,788	482,586	498,033
a Management	10	Payroll taxes	2,955,816	2,565,005	252,991	137,820
b Legal	11	Fees for services (non-employees):				
Discrimination Disc	а	Management				
c Accounting	_	⁻	320,533	67,922	252,611	
d Lobbying		- T	96,244		96,244	
e Professional fundraising services. See Part IV, line 17 f Investment management fees		· ·				
f Investment management fees			18,000			18,000
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 2,279,127			2,942,377		2,942,377	· · · · ·
13 Office expenses 5,610,319 3,595,782 1,810,410 204,12 14 Information technology 1,901,907 1,312,695 452,749 136,46 15 Royalties 3,378 3,378 16 Occupancy 2,736,396 2,615,340 90,871 30,18 17 Travel 669,325 422,425 240,117 6,78 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 140,523 122,522 11,089 6,91 10 Interest 1,806,833 1,803,814 1,328 1,69 12 Payments to affiliates 22 Depreciation, depletion, and amortization 9,275,133 9,125,316 41,191 108,62 23 Insurance 44,203 42,153 2,050 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Cost of Sales 2,227,156 2,219,526 7,630 b Equipment Rental & Main 2,191,792 1,947,785 239,872 4,13 c Library Materials 1,017,994 1,017,994 d Equipment 576,393 361,427 213,558 1,40 e All other expenses 1,694,866 1,173,477 437,979 83,41 25 Total functional expenses. Add lines 1 through 24e 158,839,898 143,482,193 11,910,521 3,447,18	g	Other (If line 11g amount exceeds 10% of line 25, column		1,942,875		56,747
13 Office expenses		```	76,289	23,455	47,789	5,045
14 Information technology		- · · · · · · · · · · · · · · · · · · ·	5,610,319	3,595,782	1,810,410	204,127
15 Royalties		· · · · · · · · · · · · · · · · · · ·	1,901,907	1,312,695	452,749	136,463
16 Occupancy		<u>-</u> ,	3,378	3,378		
17 Travel		· '	2,736,396	2,615,340	90,871	30,185
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 140,523 122,522 11,089 6,91 20 Interest 1,806,833 1,803,814 1,328 1,69 21 Payments to affiliates 1,806,833 1,803,814 1,328 1,69 22 Depreciation, depletion, and amortization 9,275,133 9,125,316 41,191 108,62 23 Insurance 44,203 42,153 2,050 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,227,156 2,219,526 7,630 b Equipment Rental & Main 2,191,792 1,947,785 239,872 4,13 c Library Materials 1,017,994 1,017,994 d Equipment 576,393 361,427 213,558 1,40 e All other expenses 1,694,866 1,173,477 437,979 83,41 25 Total functional expenses. Add lines 1 through 24e 158,839,898 143,482,193 11,910,521 3,447,18 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 158,839,898 143,482,193 11,910,521 3,447,18		· · ·	669,325	422,425	240,117	6,783
19 Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses for any	,	,	,	<u>, </u>
20 Interest		<u>-</u>	140,523	122,522	11,089	6,912
21 Payments to affiliates		· · · · · · · · · · · · · · · · · · ·	1,806,833	1,803,814	1,328	1,691
22 Depreciation, depletion, and amortization		-	, ,	, ,	·	· ·
23 Insurance		·	9,275,133	9,125,316	41,191	108,626
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,227,156 2,219,526 7,630 a Cost of Sales 2,227,156 2,219,526 7,630 b Equipment Rental & Main 2,191,792 1,947,785 239,872 4,13 c Library Materials 1,017,994 1,017,994 1,017,994 d Equipment 576,393 361,427 213,558 1,40 e All other expenses 1,694,866 1,173,477 437,979 83,41 25 Total functional expenses. Add lines 1 through 24e 158,839,898 143,482,193 11,910,521 3,447,18 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 158,839,898 143,482,193 11,910,521 3,447,18		- ' · · · · · · · · · · · - ·	44,203	42,153	2,050	<u> </u>
b Equipment Rental & Main 2,191,792 1,947,785 239,872 4,13 c Library Materials 1,017,994 1,017,994 d Equipment 576,393 361,427 213,558 1,40 e All other expenses 1,694,866 1,173,477 437,979 83,41 25 Total functional expenses. Add lines 1 through 24e 158,839,898 143,482,193 11,910,521 3,447,18 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
c Library Materials 1,017,994 1,017,994 d Equipment 576,393 361,427 213,558 1,40 e All other expenses 1,694,866 1,173,477 437,979 83,41 Total functional expenses. Add lines 1 through 24e 158,839,898 143,482,193 11,910,521 3,447,18 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		· · · · · · · · · · · · · · · · · · ·	2,227,156	2,219,526	7,630	
d Equipment 576,393 361,427 213,558 1,40 e All other expenses 1,694,866 1,173,477 437,979 83,41 25 Total functional expenses. Add lines 1 through 24e 158,839,898 143,482,193 11,910,521 3,447,18 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	ŀ	Equipment Rental & Main	2,191,792	1,947,785	239,872	4,135
e All other expenses 1,694,866 1,173,477 437,979 83,41 Total functional expenses. Add lines 1 through 24e 158,839,898 143,482,193 11,910,521 3,447,18 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		: Library Materials	1,017,994	1,017,994		
Total functional expenses. Add lines 1 through 24e 158,839,898 143,482,193 11,910,521 3,447,18 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	Č	I Equipment	576,393	361,427	213,558	1,408
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	•	All other expenses	1,694,866	1,173,477	437,979	83,410
reported in column (B) joint costs from a combined	25	Total functional expenses. Add lines 1 through 24e	158,839,898	143,482,193	11,910,521	3,447,184
		reported in column (B) joint costs from a combined				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).		Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Beginning of year

1,238,917

635.714

3,261,540

175,499,333

150,220,514

229.018.574

1,541,735

5,456,875

592,071,433

10,013,837

3,368,291

45.105.070

9,214

15,977,244

74,473,656

278,538,044

239.059.733

517,597,777

592,071,433

5

6 7

9

10c

11

12

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14

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16

17

18

19

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22

23

24

25

26

27

28

29

30

31

32

33

Page **11**

1,852,635

491.118

3,779,365

172,211,901

159,874,412

315,805,382

1,164,577

7,627,675

694,683,910

10,387,367

1,818,463

42.849.423

15,527,090

70.582.343

309.066,778

315,034,789

624,101,567

694,683,910

Form 990 (2020)

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

1	Cash-non-interest-bearing	10,039	1	3,661,228
2	Savings and temporary cash investments	4,914,258	2	0
3	Pledges and grants receivable, net	20.273.934	3	28.215.617

311,086,366

138,874,465

Pleages and grants receivable, net . Accounts receivable, net

10a

10b

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

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

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

Accounts payable and accrued expenses

Deferred revenue . . .

Tax-exempt bond liabilities .

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

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

Total assets. Add lines 1 through 15 (must equal line 33) .

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

Secured mortgages and notes payable to unrelated third parties

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 > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

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

Retained earnings, endowment, accumulated income, or other funds

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

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

_	other changes in flee assets of fund balances (explain in schedule o)				U
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		624	,101,567
P	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	TEW-/				

☐ Both consolidated and separate basis

2c

3a

3h

Yes

Yes

Yes Form 990 (2020)

☑ Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

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

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

☐ Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 34-0714654

Name: The College of Wooster

Form 990 (2020)

Form 990, Part III, Line 4a:

Instruction - The College of Wooster is a liberal arts institution that engages motivated students in a rigorous and dynamic liberal education. Students are mentored by a faculty nationally recognized for excellence in teaching. Wooster graduates are creative and independent thinkers with exceptional abilities to ask important questions, research complex issues, solve problems, and communicate new knowledge and insight. The College of Wooster awarded scholarships to 1.887 undergraduate students. averaging \$31,715 per student, to assist in meeting calculated financial need.

Form 990, Part III, Line 4b:

passions.

Student Services - The College of Wooster supports the holistic growth and development of students through meaningful experiences that foster leadership, social and multi-

cultural interactions, and community building. The College's 125 student organizations and 23 athletic teams reflect the wide range of student interests, ideas, hobbies, and

Form 990, Part III, Line 4c:

Auxiliary Services - The College of Wooster is a residential campus with over 99% of enrolled students residing in a residence hall or program house. The Office of Residence

Life manages 15 residence halls and 32 program houses. Students have several theme options available including cross cultural learning experiences, Luce language suites,

independent senior housing, and Greek housing.

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

for related

60.00

60.00

60.00

60.00

60.00

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(W- 2/1099-

217,856

186,157

175,069

148,950

157,693

150,219

(W- 2/1099-

0

0

0

0

0

0

45,708

32,218

40,122

38,786

17,610

19,255

organization and

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

	organizations below dotted line)	ndividual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	related organizations
Sarah R Bolton President	60.00	Х		х				322,993	0	151,692
Scott Friedhoff VP of Enrollment & College Relations	60.00			х				258,699	0	89,291
Scott C Brown VP of SA/Dean of Students	60.00			х				188,791	. 0	90,197
James E Prince VP Fin. & Bus./Treasurer	60.00			х				237,721	. 0	35,409
Wayne P Webster	60.00									

Χ

Х

Χ

Х

Χ

James E Prince
VP Fin. & Bus./Treasurer
Wayne P Webster
VP For Advancement

Ivonne M Garcia

Jennifer D Winge

Keith D Beckett

Melissa Anderson

Dean of Admissions

Director of Physical Education

Chief Communication & Marketing Officer

Lisa Perfetti

Provost

Chief Diversity Officer

.......

and Independent Contractors

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

	arry floars						,	(14, 2,4,000	(14) 2 (4.000	avanniantian and	
	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	
Mark A Wilson Geology - Professor	50.00					х		128,002	0	30,215	
Ellen Falduto Chief Info & Planning Officer	60.00					×		131,330	0	22,031	
Angela K Johnston Sec. of College/Chief of Staff	60.00			х				115,277	0	10,033	
Donald R Frederico Trustee/Board Chair	8.00	Х						0	0	0	

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Angela K Johnston
Sec. of College/Chief of Staff
Donald R Frederico
Trustee/Board Chair
Marianne M Sprague

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Trustee/Board V.Chair/Comm

Trustee/Committee Chair

Trustee/Committee Chair

Trustee/Committee Chair

Trustee/Committee Chair

Trustee/Committee Chair

Christopher C Causey

Jamie Christensen

Marilynn K Duker

Stephen C Gault

Richard A Bowers

and Independent Contractors

(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 person is both an officer week (list from the from related compensation any hours and a director/trustee) 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
Jennifer A Haverkamp Trustee/Committee Chair	5.00	×						0	0	0
Gregory A Long Trustee/Committee Chair	5.00	х						0	0	0
Hon Solomon Oliver Jr Trustee/Committee Chair	5.00	Х						0	O	0
Sally J Staley Trustee/Committee Chair	5.00	x						0	0	0

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Trustee/Committee Chair
Sally J Staley
Trustee/Committee Chair
Robert M Tull

Trustee/Committee Chair

William V Andrew

Douglas F Brush

Jayne Hart Chambers

Trustee

Trustee

Trustee

Trustee

Trustee

Mary Culnan

Mark M Dowley

and Independent Contractors

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

and Independent Contractors

Thomas R Gibian

Mark D Goodman

Diane L Hamburger

Brittany Harris

John Hemann

Patrick James

Julia H Klein

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

	arry riours	·						Organization	(IV D/4 DOD	mom 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	
Christine Farrell Trustee	2.00	Х						0	0	0	
Doon A Foster Trustee	2.00	х						0	0	0	
Diane H Frankle Trustee	2.00	Х						0	0	0	
	2.00								·		

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation 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

Mary A Neagoy

Jilliene Rodriauez

Jennifer E Salier

Peter E Sundman

John Sullivan Wilson

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Anne Wilson

David Rice

	ally hours	6- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.					,	Organization	organizations	overnientien and	
	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	
John W Kneen Trustee	2.00	Х						0	0	0	
Sayantan Mitra Trustee	2.00	Х						0	0	0	
E Blake Moore Jr Trustee	2.00	х						0	0	0	

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and Independent Contractors (A) Name and Title

Mary Beidler Gearen

Alumni Trustee

Michael R Lauber

Alumni Trustee

Erika C Poethia

Alumni Trustee

week (list any hours for related organizatior below dotte line)
 4.
 4.

(B)

Average

pers	on is	both	n an	nless office ustee)
Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee
Х				
Х				
Х				

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

(C)

Position (do not check more

Reportable compensation from the organization (W- 2/1099- MISC)	
	0
	0
	0

(D)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

hours per ours ated ations otted 4.00 4.00 4.00

efile GRAPHIC print - DO NO			nt - DO NOT PROCESS	As Filed Data -		DLN: 934931361267			
SCHEDULE A			Public (Charity Statu	s and Bul	alic Supp	ort	OMB No. 1545-0047	
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2020	
		f the Treasury	► Go to <u>www.irs.</u>	<i>gov/Form</i> 990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection	
Nam	e of th	nue Service he organiza	tion				Employer identific		
		of Wooster					34-0714654		
	rt I		for Public Charity Statu				See instructions.		
_	rganız		a private foundation because	•	•		(4)()		
1		•	onvention of churches, or ass						
2	✓		scribed in section 170(b)(1		,	, ,			
3	Ш	·	or a cooperative hospital serv	-			-		
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
5		-	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170	
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).		
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in	
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ural research organization de rant college of agriculture. Se					ege or university or a	
10		from activit investment	ation that normally receives: ties related to its exempt fund income and unrelated busing See section 509(a)(2). (Col	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross	
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).		
12		more public	ation organized and operated cly supported organizations d through 12d that describes	escribed in section 5	i09(a)(1) or se c	ction 509(a)(2). See section 509(a		
а		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by		
b		Type II. A manageme	supporting organization supents of the supporting organiza organiza plete Part IV, Sections A a	tion vested in the sar					
c		Type III f	unctionally integrated. A sorganization(s) (see instruction	upporting organizatio				ted with, its	
d		Type III n	on-functionally integrated integrated. The organization (a). You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar		
e		Check this	box if the organization receiv or Type III non-functionally	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally	
f	Enter				-		<u> </u>		
g	Provi	de the follow	ing information about the su	pported organization(т'				
	(i) N	organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No			
Tota			tion Act Notice, see the In		Cat. No. 11285		 Schedule A (Form 9		

	(Complete only if you ch	necked the box o	on line 5, 7, or 8	of Part I or if th	e organization f	ailed to qualify u	
	If the organization failed	d to qualify unde	er the tests listed	l below, please o	complete Part II	I.)	
<u>s</u>	ection A. Public Support			т			
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	20,362,731	17,804,631	21,389,700	22,476,174	30,725,530	112,758,766
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	20,362,731	17,804,631	21,389,700	22,476,174	30,725,530	112,758,766
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						21,973,834
6	Public support. Subtract line 5 from line 4.						90,784,932
S	ection B. Total Support					•	
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4	20,362,731	17,804,631	21,389,700	22,476,174	30,725,530	112,758,766
8	Gross income from interest,	20,302,731	17,004,031	21,369,700	22,470,174	30,723,330	112,730,700
Ū	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	3,685,785	4,266,135	4,776,350	6,364,583	6,542,251	25,635,104
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						138,393,870
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	138,455,173
13	First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth ta	x year as a sectior	501(c)(3) organiz	ation, check
	this box and stop here					▶□	
	ection C. Computation of Publi						
	Public support percentage for 2020 (I					14	65.600 %
	Public support percentage for 2019 Se					15	68.230 %
16 a	33 1/3% support test—2020. If the	-					
b	and stop here. The organization qua 33 1/3% support test—2019. If the						
17 a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization meets	st— 2020. If the or on meets the "facts	ganization did not e s-and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, box and stop he i	and line 14 re. Explain	
b	organization	est—2019. If the o ization meets the " on meets the "fact	rganization did not facts-and-circumst s-and-circumstance	check a box on ling ances" test, check es" test. The organ	ne 13, 16a, 16b, o this box and stop nization qualifies a	r 17a, and line • here. s a publicly	
18	supported organization Private foundation. If the organization	ion did not check a	a box on line 13, 16	5a, 16b, 17a, or 17	7b, check this box	and see	
	instructions	<u> </u>		<u> </u>	<u> </u>	e Δ (Form 990 or	▶□
					Schodule	a A / Form QQA or	uun_F/1 7070

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
•	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
3	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						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 601 1		F04()(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and stop here					<u></u>	<u> ▶ ⊔ </u>
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,		• •	17	
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆

Page 4

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete 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 Part VI how the supported organizations are designated. If designated by class or purpose,				
	describe the designation. If historic and continuing relationship, explain.	1			
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 lines 3b and 3c 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.				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				

	III Section 303(a)(1) or (2).	2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and					
	3c 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 box 12a or 12b in Part I, answer lines 4b and 4c below.					

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the						
	determination.						
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.						
	If res, 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 box 12a or 12b in Part I, answer lines 4b and 4c 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.						
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.						
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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						

C							
	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 box 12a or 12b in Part I, answer lines 4b and 4c 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.						
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.						
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).						

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 6 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

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

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

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

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

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

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

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

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

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

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

the organization had excess business holdings).

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

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)					
				Yes	No		
		e organization accepted a gift or contribution from any of the following persons?					
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a				
b	A fami	ily member of a person described in 11a above?	11b				
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c				
_	VI.	B. Type I Supporting Organizations					
	ection	b. Type I Supporting Organizations		Yes	No		
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly at or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1				
2	Did the	e organization operate for the benefit of any supported organization other than the supported organization(s) that	_				
	operat <i>carried</i>	ted, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit dout the purposes of the supported organization(s) that operated, supervised or controlled the supporting ization.	2				
_							
5	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		163	110		
-	each d	of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
S	ection	D. All Type III Supporting Organizations					
				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?						
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).						
_							
3	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
S	ection	E. Type III Functionally-Integrated Supporting Organizations					
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):				
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.					
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.					
	c 🗌	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)			
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No		
	suppor o rgan respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported lizations and explain how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-				
		entially all of its activities. e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a				
	organi <i>organi</i>	zation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b				
3		of Supported Organizations. Answer lines 3a and 3b below.	20				
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in Part VI .	3a				
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b				
			30				

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.	7				
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	8				
9 Distributable amount for 2020 from Section C, line 6	9 Distributable amount for 2020 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount	10				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020	
1 Distributable amount for 2020 from Section C, line 6					
2 Underdistributions if any for years prior to 2020					

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions					
9 Distributable amount for 2020 fr	rom Section C, line 6			9	
10 Line 8 amount divided by Line 9	amount			10	
Section E - Distribution (see instruction		(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
b From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
b From 2016		
c From 2017		
d From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
 a Applied to underdistributions of prior years 		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

e Excess from 2020.

3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

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As Filed Data -

DLN: 93493136126732

OMB No. 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public Inspection

Intern	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	<u>1990</u> for instructio	ns and the latest in	formation.	Inspection	on
	me of the organization College of Wooster	1			Employer ide	entification numbe	er
me	: College of Wooster				34-0714654		
Pa		is Maintaining Donor Advis e organization answered "Ye			or Accounts.		
	·		(a) Donor	advised funds	(b) Funds	s and other account	:s
1	Total number at end of	year					
2		ributions to (during year)					
3	Aggregate value of gran						
4	Aggregate value at end	of year					
5		form all donors and donor adviso , subject to the organization's ex				the Yes [□No
6	charitable purposes and	form all grantees, donors, and do d not for the benefit of the donor 	or donor advisor, or	r for any other purpos			¬ No
Pa	rt III Conservation					les L	
		e organization answered "Ye	s" on Form 990, F	Part IV, line 7.			
1	Purpose(s) of conserva	tion easements held by the orgar	nization (check all th	nat apply).			
	Preservation of la	nd for public use (e.g., recreation	n or education)	☐ Preservation of	an historically impo	ortant land area	
	Protection of natu	ral habitat		☐ Preservation of	a certified historic	structure	
	☐ Preservation of op	pen space					
2	Complete lines 2a throu easement on the last d	ugh 2d if the organization held a ay of the tax year.	qualified conservation	on contribution in the		tion t the End of the Y	'ear
а	Total number of conserv	vation easements			2a		
b	Total acreage restricted	by conservation easements			2b		
c	Number of conservation	easements on a certified historic	c structure included	in (a)	2c		
d	Number of conservation structure listed in the N	n easements included in (c) acqui ational Register	red after 7/25/06, a	nd not on a historic	2d		
3	Number of conservation tax year ▶	n easements modified, transferre	d, released, extingu	ished, or terminated b	by the organization	during the	
4	Number of states where	e property subject to conservatio	n easement is locate	ed ▶			
5	Does the organization h	nave a written policy regarding th	ne periodic monitorir	ng, inspection, handlin	g of violations,		
	and enforcement of the	conservation easements it holds	s?		,	☐ Yes ☐ N	0
6	Staff and volunteer hou	urs devoted to monitoring, inspec	ting, handling of vic	lations, and enforcing	conservation ease	ments during the y	ear
7	Amount of expenses inc ▶ \$	curred in monitoring, inspecting,	handling of violation	ns, and enforcing cons	ervation easement	s during the year	
8		n easement reported on line 2(d) B)(ii)?			170(h)(4)(B)(i)	☐ Yes ☐ No	o
9	balance sheet, and incl	ow the organization reports consude, if applicable, the text of the unting for conservation easement	footnote to the orga				
Par		s Maintaining Collections te organization answered "Ye			ther Similar As	sets.	
1a	historical treasures, or	ted, as permitted under FASB AS other similar assets held for publ e footnote to its financial stateme	ic exhibition, educat	tion, or research in fur			ı
b	historical treasures, or following amounts relat	-	ic exhibition, educat	tion, or research in fui	therance of public	service, provide the	e
((i) Revenue included on F	Form 990, Part VIII, line 1			> \$		0
(i	ii)Assets included in Forn	n 990, Part X			▶\$	449,	754
2		eived or held works of art, historic fired to be reported under FASB A			nancial gain, provid	de the	_
а	Revenue included on Fo	orm 990, Part VIII, line 1			▶\$		
b	Assets included in Form	n 990, Part X					
For		Act Notice, see the Instruction				edule D (Form 99)	 0) 2020

Sche	edule D (Form 990) 2020								Page 2
Par	t III Organizations Maintaining Colle	ctions of Art, Hi	stori	cal T	reas	ures, or	Other Si	imilar Assets (c	ontinued)
3	Using the organization's acquisition, accession, items (check all that apply):	and other records, c	heck	any of	the fo	ollowing th	at are a si	ignificant use of its	collection
а	✓ Public exhibition		d	✓	Loar	or exchai	nge progra	ams	
b	Scholarly research		е		Othe	er			
С	✓ Preservation for future generations								
4	Provide a description of the organization's colle Part XIII.	ctions and explain ho	ow the	y furt	her th	e organiza	ition's exe	mpt purpose in	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be								s 🗹 No
Pa	rt IV Escrow and Custodial Arrangem Complete if the organization answe X, line 21.		າ 990	, Part	: IV,	ine 9, or	reported	an amount on F	orm 990, Part
1 a	Is the organization an agent, trustee, custodiar included on Form 990, Part X?								s 🗆 No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing	table:				Amount	
C	Beginning balance						1c		
d	Additions during the year					[1d		
е	Distributions during the year					Г	1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Form If "Yes," explain the arrangement in Part XIII. 0							·	s 🗆 No
	irt V Endowment Funds.	Theck field if the exp	nanati	OII IIa:	» Deel	1 provided	III PAIL XI.	п	
Fe	Complete if the organization answe	red "Yes" on Form	n 990	, Part	: IV.	ine 10.			
		(a) Current year		rior yea			ars back (d) Three years back	(e) Four years back
1 a	Beginning of year balance	332,606,033		328,92	1,123	320	,178,080	290,716,833	265,815,057
b	Contributions	5,193,779		6,60	0,392	8	,605,123	11,913,579	11,555,698
С	Net investment earnings, gains, and losses	109,461,622		12,459	9,898	15	,389,256	32,861,812	37,095,754
d	Grants or scholarships								
е	Other expenditures for facilities and programs	16,051,207		15,37	5,380	15	5,251,336	15,314,144	14,749,676
f	Administrative expenses								
g	End of year balance	431,210,227		332,60	5,033	328	,921,123	320,178,080	299,716,833
2	Provide the estimated percentage of the curren	t year end balance (I	line 1	g, colu	mn (a	a)) held as	:		
а	Board designated or quasi-endowment ▶ 4	0.597 %							
b	Permanent endowment ► 37.611 %								
c	Term endowment ► 21.791 %								
٠	The percentages on lines 2a, 2b, and 2c should	egual 100%							
За	Are there endowment funds not in the possessi		n that	t are h	eld ar	nd adminis	tered for t	:he	
	organization by: (i) Unrelated organizations	_							Yes No
				•	• •	• • •			(ii) No
b	(ii) Related organizations			dule P					(ii) NO
4	Describe in Part XIII the intended uses of the o	•			•			3	
_	rt VI Land, Buildings, and Equipment			41143.					
	Complete if the organization answe		1 <u>9</u> 90	, Part	: IV,	ine 11a.	See Form	n 990, Part X, lin	e 10.
		1 1 (1)		1		1 / 3 /	1 1 1 1		D. D. J. J.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,743,744		2,743,744
b Buildings	454,713	139,606,991	56,884,290	83,177,414

23,298

 ${f c}$ Leasehold improvements

d Equipment . .

 ${f e}$ Other .

122,461,216

29,991,193

15,805,211

71,661,773

6,927,619

7,701,351

50,822,741

23,063,574

8,103,860

Part VII	Complete if the organization answered "Yes" on F	form 990 Part IV lin	ne 11h See Form 990 F	art X line	12
	(a) Description of security or category	(b) Book value	(c) Method	d of valuatio	n:
	(including name of security)		Cost or end-of-	year market	: value
(1) Financial(2) Closely-I	derivatives				
(3) Other		345 005 005			
(A) Partnersh	nips	315,805,382		F	
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	315,805,382			
Part VIII	Investments—Program Related.				
	Complete if the organization answered 'Yes' on F	orm 990, Part IV, lin			
	(a) Description of investment		(b) Book value		od of valuation: d-of-year market
(1)					value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total (Column	a (h) must aqual Farm 000, Part V, cal (P) line 12)				
Part IX	Other Assets.		<u>▶</u>		
	Complete if the organization answered 'Yes' on Fo		e 11d. See Form 990, Par		LX Daraharahar
(1)	(a) Description	1			b) Book value
(2)					
(3)					
(4)					
(5) 					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•	
Part X	Other Liabilities.				
	Complete if the organization answered 'Yes' on Fo		e 11e or 11f.See Form	990, Part X (b) Book	(, line 25.
1.	(a) Description of li	apility		value	
(1) Federal i				1 627 700	1
	s from Government for Student Loans Charitable Gift Annuity and Trust Obligations			1,637,709 6,644,436	
· ·	tirement Obligation			2,049,325	
	Postretirement Benefit Obligation			4,530,385	
(6) Lease Lia	bilities			665,235	
(6)					
(7)					-
(8)					-
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			15,527,090	
	or uncertain tax positions. In Part XIII, provide the text of				eports the organiza
uncertain tax	positions under FIN 48 (ASC 740). Check here if the tex	τ or the foothote has be	en provided in Part XIII	<u>~</u>	

2

а

b

d

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Schedule D (Form 990) 2020

Page 4

21,441

92,205,779

66,634,119

158.839.898

Schedule D (Form 990) 2020

80,448,416 e 2e Subtract line **2e** from line **1** 3 3 118,282,594 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 3,013,537

2a

2b

2c

2d

2c

2d

4a

4b

Explanation

80.426.975

21,441

21,441

3,013,537

63,620,582

2e

3

4c

5

4b 63,620,582 b Add lines **4a** and **4b** 4c C Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

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

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.)

Other (Describe in Part XIII.) . . .

Subtract line 2e from line 1

Supplemental Information

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

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

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

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.

Add lines 2a through 2d .

Return Reference

66,634,119 5 184,916,713 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 92,227,220 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . 2a 2b Prior year adjustments

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

chedule D (Form 990) 2020	Page 5
Part XIII Supplemental Info	rmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

Additional Data

Software ID:

Software Version: EIN: 34-0714654

Name: The College of Wooster

Supplemental Information

Supplemental Information	
Return Reference	Explanation
	The College's collection includes contemporary art, ancient pottery, ethnographic material s, rare books, geological rocks, biological specimens, and historical items. These items a

Supplemental Informati Return Reference	Explanation
Part V, Line 4:	The College's endowment consists of approximately 1,350 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and fun ds designated by the Board of Trustees to function as endowments (board-designated endowment funds). In accordance with GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions. The College has interpreted Ohio's enacted version of UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date absent explicit donor instructions to the contrary. The College classifies as permanently restricted net assets the original gift value plus the value of subsequent gifts to the permanent endowment. The permanent endowment is not reduced by losses on the investments, except to the extent required by the don or, or by appropriations from the endowment fund. The accumulated portion of a donor-restricted fund that is not permanently restricted is classified as temporarily restricted net assets until appropriated for expenditure by the College in a manner consistent with the standard of prudence prescribed by Ohio's enacted version of UPMIFA. Appropriations from the endowment are used to support scholarships and loans, faculty and academic program support, student awards and prizes, and the general operations of the College.

upplemental Information				
Return Reference	Explanation			
Part X, Line 2:	The College qualifies as an organization exempt from Federal income taxation under Section 501(c)(3) of the Internal Revenue Code. As such, the College is generally not subject to federal or state income taxes except for amounts derived from unrelated business activitie s as defined by the IRC. The College adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claime d or expected to be claimed on a tax return should be recorded in the financial statements . Under this guidance, the College may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examin ation by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the College, the continued tax-exempt status of bonds issued by the College, and various positions related to the potential sources of unrelated business taxable income (UBIT). The tax benefits recognized in the financial statements from such a position are measured based on the largest benefit that has a greater than 50 percent likelihood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in income taxes also addresses de-recognition, classification, int erest and penalties on income taxes, and accounting in interim periods. At June 30, 2021 a			

nd 2020, there were no unrecognized tax benefits identified or recorded as liabilities.

upplemental Information			
Return Reference	Explanation		
Part XI, Line 2d - Other Adjustments:	Rental Expenses 21,441.		

S

upplemental Information				
Return Reference	Explanation			
Part XI, Line 4b - Other Adjustments:	Institutional Financial Aid 63,620,582.			

-

upplemental Information				
Return Reference	Explanation			
Part XII, Line 2d - Other Adjustments:	Rental Expenses 21,441.			

S

upplemental Information				
Return Reference	Explanation			
Part XII, Line 4b - Other Adjustments:	Insitutional Financial Aid 63,620,582.			

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Schools

▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Go to www.irs.gov/Form990EZ for the latest information.

DLN: 93493136126732 OMB No. 1545-0047

Open to Public

(Form 990 or 990-

EZ)

► Attach to Form 990 or Form 990-EZ.

Inspection Department of the Treasury **Employer identification number** Namel & the coganization The College of Wooster 34-0714654 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? 2 Yes Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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 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 4с 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 Νo **b** Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? . No **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? 5e Νo 5f f Use of facilities? . . No g Athletic programs? . 5g Νo **h** Other extracurricular activities? 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? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? Νo 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) (2020)

Schedule E (Form 990 or 990EZ) (2020) Page 2				
Part II Supplemental Information. Provide the explaany other additional information. See instructions.	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide			
Return Reference	Explanation			
Schedule E, Part I, Line 3	The College is in compliance with Rev. Proc. 75-50. The College publishes its nondiscrimination policy in documents used for financial aid, admissions, and student programs, and has the policy posted on its website.			
Schedule E, Part I, Line 6	The College participates in various Federal Student Assistance programs including Perkins Loans, Pell Grants, and Work Study arrangements. The college received conditional contributions primarily related to their federal research and coronavirus aid relief and economic security act (CARES ACT) grants.			

Schedule F (Form 990 or 990-F7) (2020)

SCHEDULE F	State	ement of	Activities (Outside the Un	2 hati	tates	OMB No. 1545-	-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Comp	Statement of Activities Outside the United St Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 1! Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information				.5, or 16.	202(Open to Pul Inspection	
Name of the organization						Employer ider	ntification numb	per .
The College of Wooster						34-0714654		
Part I General In Form 990, F			Outside the U	Inited States. Comple	ete if the	organization a	answered "Yes"	on
1 For grantmakers.	Does the or	rganization mai eligibility for th	e grants or assi	substantiate the amoun stance, and the selection	_		☑ Yes [□ No
2 For grantmakers. outside the United		Part V the orga	anization's proce	dures for monitoring the	use of it	s grants and ot	her assistance	
3 Activites per Region.	(The following	ng Part I, line 3	table can be dupli	cated if additional space is	s needed.)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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 expended for and investre in the region	ments
See Add'l Data				. cg.cv.y				
3a Sub-total b Total from continuation		C	-					,371,146
	and 3b)	C						,386,277 :,757,423

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

Schedule F (Form 990) 2020							
Part IIII Grants and Oth				ed States. Complete i	f the organization ar	swered "Yes" on Form	990, Part IV, line 16.
Part III can be d	luplicated if addit		reeded.	1			
(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							
							_
							_
							_
				1	<u> </u>		<u> </u>

Sche	dule F (Form 990) 2020		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	□Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
İ		✓ 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	□ No

circuaic i (i	Form 990) 2020 Page	5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
990 S ched	ule F, Supplemental Information	
Return Reference	Explanation	

990 Schedule F, Supplemental Information

Return Reference	Explanation	
Part III Accounting Method:		

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3	Method used to account for expenditures on organization's financial statements: Central America and the Caribbean: Accrual East Asia and the Pacific: Accrual Europe (Including Iceland and Greenland): Accrual Middle East and North Africa: Accrual North America (Canada & Mexico only):
	Accrual Russia and Neighboring States: Accrual South America: Accrual South Asia: Accrual Sub-Saharan Africa: Accrual

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part III	Method used to account for grants on organization's financial statements: Central America and the Caribbean: Accrual East Asia and the Pacific: Accrual Europe (Including Iceland and Greenland): Accrual Middle East and North Africa: Accrual North America (Canada & Mexico only): Accrual
ı	Russia and Neighboring States: Accrual South America: Accrual South Asia: Accrual Sub-Saharan Africa: Accrual

Additional Data

Central America and the

Caribbean

Software ID: Software Version:

EIN: 34-0714654

Name: The College of Wooster

25,877

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		177,767,266

0 Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the 0 | Program Services 45,000 lResearch Caribbean 4,121,886 East Asia and the Pacific 0 |Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific 10,267 0 Program Services Academic Support East Asia and the Pacific 0 Program Services Student Support 190

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) East Asia and the Pacific 0 Speaking Support 400 Europe (Including Iceland & 0 Grantmaking 400,260 Greenland)

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) Europe (Including Iceland & 0 |Program Services Student Support 200 Greenland) Europe (Including Iceland & 0 | Program Services Acacdemic Support 166,772 Greenland)

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) Europe (Including Iceland & 0 | Program Services 8,701 Research Greenland) Europe (Including Iceland & 0 | Program Services Student Services 680 Greenland)

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 | Fundraising 9.760 Greenland) Middle East and North Africa 987,079 0 |Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) North America (Canada & 0 |Grantmaking 220,725 Mexico Only) North America (Canada & 0 | Program Services Academic Support 786 Mexico Only)

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 and Neighboring States 0 |Grantmaking 161,450 South America 0 Grantmaking 308,125

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) South Asia 0 |Grantmaking 2.055.426 South Asia 0 Program Services Student Support 563

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) Sub-Saharan Africa 0 |Grantmaking 2,480,602 Sub-Saharan Africa 0 Program Services Student Support

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) Sub-Saharan Africa 6.622 0 Program Services Academic Support South Asia 0 Program Services Academic Support 499

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) South Asia 0 Program Services 500 lResearch East Asia and the Pacific 0 linvestments 3,977,312

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program service(s) in region services, grants to reaion recipients located in the reaion) Russia and Neighboring States 0 |Program Services 450 Academic Support

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarship for 25,000 Credit to Student Central America Tuition & Fees Account and the Caribbean 146 Scholarship for 4.089.637 Credit to Student East Asia and Tuition & Fees lAccount lthe Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (e) Manner of cash (f) Amount of (g) Description of (h) Method of (d) Amount of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarship for 395.900 Credit to Student lEurope Tuition & Fees lAccount (Includina Iceland & Greenland) Scholarship for 22 966,134 Credit to Student Middle East and Tuition & Fees Account North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 159.950 |Credit to Student Scholarship for Russia and Tuition & Fees Account Neiahborina States Scholarship for 10 302.325 Credit to Student South America Tuition & Fees lAccount

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarship for 56 2,015,310 | Credit to Student South Asia Tuition & Fees lAccount Scholarship for 61 2,415,610 Credit to Student Sub-Saharan Tuition & Fees lAccount Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of (c)Number assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Prizes - Academic 14 2,980 |Check East Asia and Achievement & the Pacific Contests Student Research 3,810 Supplies IFMV lEast Asia and the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Student Research 600 Supplies FMV Sub-Saharan Africa Vocational Grants for East Asia and 14,897 | Check Students the Pacific

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Vocational Grants for Europe 300 Check Students (Including Iceland & |Greenland Vocational Grants for South Asia 9.901 |Check Students

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) Scholarship for 219,475 Credit to Student North America Tuition & Fees lAccount - Canada and Mexico 250 Check Prizes - Academic North America Achievement & - Canada and Contests Mexico

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 (a) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Prizes - Academic 700 Check South Asia Achievement & Contests Prizes - Academic 4,220 Check Sub-Saharan Achievement & Africa Contests

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 (a) Description of (h) Method of (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients FMV, appraisal, assistance assistance other) Scholarships For 1.000 Travel IFMV East Asia and Tuition & Fees the Pacific Scholarship for 209 Supplies **IFMV** Middle East Tuition & Fees land North Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarship for 4,732 Travel IFMV Middle East Tuition & Fees land North lAfrica 755 Check Prizes - Academic Middle Fast Achievement & and North Contests Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of (c)Number assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Prizes - Academic 65 Membership IFMV East Asia and Achievement & the Pacific Contests Vocational Grant for 7.250 Check lsub-Saharan Students Africa

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 FMV, appraisal, assistance assistance other) Vocational Grants for South America 3.300 | Check Students Scholarship for 4.635 Travel IFMV South Asia Tuition & Fees

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) Scholarship for 10,002 Travel IFMV Sub-Saharan Tuition & Fees Africa Prizes - Academic 65 Membership IFMV Sub-Saharan Achievement & Africa Contests

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, recipients assistance assistance FMV, appraisal, other) Scholarships For 6,998 |Check East Asia and Tuition & Fees the Pacific Scholarships For 2,660 | Check |Europe Tuition & Fees (Includina Iceland & Greenland)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or I (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) Scholarships For 10,198 Check Middle East Tuition & Fees land North Africa 1.000 Check Scholarships For North America Tuition & Fees - Canada and Mexico

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of (c)Number assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Scholarships For 1,500 Check Russia and Tuition & Fees Neiahborina States 2.500 Check Scholarships For South America Tuition & Fees

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) 22 Scholarships For 17,080 |Check South Asia Tuition & Fees Scholarships For 31 18.655 check Sub-Saharan Tuition & Fees Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of or assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Covid Related Grant | Europe 1.400 | check (Including Iceland & (Greenland Covid Related Grant | Middle East and 900 check North Africa

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 FMV, appraisal, assistance assistance other) Covid Related Grant | South Asia 100 lcheck Covid Related Grant | Sub-Saharan 10.900 lcheck Africa

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, recipients assistance assistance FMV, appraisal, other) Covid Related Grant 2,500 Credit to Student East Asia and lAccount the Pacific Covid Related Grant 4,150 Credit to Student Middle East and lAccount North Africa

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, recipients assistance assistance FMV, appraisal, other) Covid Related Grant 7,700 Credit to Student South Asia lAccount 13,300 Credit to Student Covid Related Grant Sub-Saharan lAccount Africa

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) Check 877 Check Central America and the Caribbean

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

licensing.

DLN: 93493136126732

Inspection

OMB No. 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inter	mal Revenue Service	►Go to www.irs.	gov/Forn	1990 for in	structions and the latest info	ormation.		Inspection
	ne of the organization College of Wooster						Employer ider	ntification number
me	College of Wooster						34-0714654	
P	_	ctivities. Complete if th lers are not required to o	_			rm 990,	Part IV, line 1	7.
1	Indicate whether the org	janization raised funds thro	ugh any	of the fol	llowing activities. Check a	all that a	pply.	
а	✓ Mail solicitations			e	Solicitation of non-	governm	ent grants	
b	✓ Internet and email so	olicitations		f	✓ Solicitation of gove	rnment g	grants	
c	Phone solicitations			g	Special fundraising	events		
d	✓ In-person solicitation	ns						
2a b	or key employees listed i If "Yes," list the 10 highe	e a written or oral agreeme in Form 990, Part VII) or er est paid individuals or entiti ast \$5,000 by the organizat	ntity in co es (fund	onnection	n with professional fundra	ising ser	vices? V Ye	s □ No r is
	to be compensated at lea	ast \$5,000 by the organizat	1011.					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	or r fundr	mount paid to retained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Fundraising/Campaign	Yes	No				
	Washburn & McGoldrick LL 950 New Loudon Rd Suite 210			No	0		18,000	
	Latham, NY 12110							
 Tot	al			-			18,000	
	List all states in which the	organization is registered o	r license	d to solic	ı it contributions or has be	en notifi	ed it is exempt fr	om registration or

AL, AK, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NC, NH, NJ, NM, NY, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV,

	t II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$!		d gross income on Form	1 990-EZ, lines 1 and 6	5b. List events with
\Box	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
.					
	1 Co vinto				
	1 Gross receipts				
- 1	2 Less: Contributions3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
5	6 Rent/facility costs				
3	7 Food and beverages				
5	8 Entertainment				
·	9 Other direct expenses	thursuah O in column (d)			
	10 Direct expense summary. Add lines 4 to 10 Direct expense summary. Subtract lines 10	-			
	11 Net income summary. Subtract line 10 Gaming. Complete if the org		es" on Form 990, Part I	V, line 19, or reported	l I more than \$15,000
\neg	on Form 990-EZ, line 6a.	I			· · ·
UCVCINIC PCVCINIC		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (odd
ا خ			bingo/progressive bingo	(c) other gaining	(d) Total gaming (add col.(a) through col.(c))
אַטע	1 Gross revenue		bingo/progressive bingo	(e) other gaming	
, +	1 Gross revenue		bingo/progressive bingo	(e) other gaming	
, +			bingo/progressive bingo	(e) Other guilling	
, +	2 Cash prizes		bingo/progressive bingo	(e) other gaming	
	2 Cash prizes		bingo/progressive bingo	(e) other gaming	
	2 Cash prizes	☐ Yes%	bingo/progressive bingo	Yes	
	2 Cash prizes	☐ Yes %			
	2 Cash prizes	□ No	Yes%	Yes	
	2 Cash prizes	No	☐ Yes % %	☐ Yes % ☐ No	
	2 Cash prizes	through 5 in column (d)	☐ Yes % % ☐ No	☐ Yes % ☐ No ▶ ▶	
a	2 Cash prizes	through 5 in column (d) It line 7 from line 1, column It conducts gaming active It is a conducted to the conduct of the con	☐ Yes % % ☐ No	☐ Yes % ☐ No ▶ ▶	
	2 Cash prizes	through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each o	Yes	Yes	Yes No

Sche	dule G (Form 990 or 990-EZ) 202	.0				F	Page 3
11	Does the organization conduct o	jaming activities with nonmembers	5?		· 🗌 Yes	□No	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other	entity	□Yes		
13	Indicate the percentage of gami	ng activity conducted in:		1			
а	The organization's facility .			13	Ba		%
b	An outside facility			13	ВЬ		%
14	Enter the name and address of	the person who prepares the orga	nization's gaming/special events b	ooks and record	ds:		
	Name •						
	Address 🟲						
15a	Does the organization have a corevenue?	ontract with a third party from who	om the organization receives gamin	-	· 🗆 Yes	Пис	
b	If "Yes," enter the amount of ga	ming revenue received by the org	anization 🕨 \$		□ les	110	
	amount of gaming revenue reta	ined by the third party ▶ \$					
С	If "Yes," enter name and addres	s of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation	> \$					
	Description of services provided	>					
	☐ Director/officer	☐ Employee	☐ Independent contra	ctor			
17	Mandatory distributions:						
а		ler state law to make charitable di	stributions from the gaming procee	eds to	· 🔲 Yes	Пио	
b		is required under state law distribunt activities during the tax year	uted to other exempt organizations	or spent	<u></u> гез		
Par			ions required by Part I, line 2t	o, columns (ii	i) and (v): a	nd Part	
			licable. Also provide any additi				s
	Return Reference		Explanation				

efile GRAPHIC print - DO N	NOT PROCESS	As Filed Data -					DLN	l: 93493136126732	
Note: To capture the full co	ntent of this d	ocument, please sel	ect landscape mode	: (11" x 8.5") whe	n printing.		I 01	MB No. 1545-0047	
Schedule I		Grants and O	ther Assistand	e to Organiz	ations			ONB NO. 1343-0047	
(Form 990)	4		and Individuals		•		2020		
					-				
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Department of the ► Attach to Form 990.								Open to Public Inspection	
Treasury Internal Revenue Service		► Go to <u>www</u>	<u>v.irs.gov/Form990</u> for	the latest information	on.			Inspection	
Name of the organization						Emplo	yer identifica	tion number	
The College of Wooster						34-07	14654		
Part I General Informa	tion on Grants	and Assistance				I			
1 Does the organization maint						e, and			
the selection criteria used to	award the grants	or assistance?						🗹 Yes 🗌 No	
2 Describe in Part IV the orga	nization's procedur	es for monitoring the use	e of grant funds in the Un	ited States.					
		estic Organizations an can be duplicated if addi		nts. Complete if the o	rganization answered "Yes"	on Form 990, F	Part IV, line	21, for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrip noncash as		(h) Purpose of grant or assistance	
(1) Asheshi University Foundation 1201 3rd Avenue Seattle, WA 98101	91-1997089	501(c)(3)	13,000					Academic Support for Wooster/Asheshi program	
2 Enter total number of section	n 501(c)(3) and go	overnment organizations	listed in the line 1 table .				>	1	
3 Enter total number of other	organizations listed	d in the line 1 table					. •	0	
For Paperwork Reduction Act Notice	see the Instruction	ns for Form 990.		Cat. No. 50055	5P		Sche	dule I (Form 990) 2020	

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

Schedule I (Form 990) 2020

Part III

(3)

(4) (5) (6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference Explanation

Part I. Line 2: The College follows federal, state, donor, and institutional guidelines for determining eligibility for scholarships, prizes, and other grants and awards. The College maintains records showing the selection criteria, recipient eligibility, how funds may be used, and any related party. Before paying grants to other entities, the College lobtains documentation showing the recipient is eligible to receive deductible charitable contributions. Grants awarded by the Office of Financial Aid are credited directly to student accounts. Other grants are monitored in various ways, including reimbursing actual substantiated expenses, requiring written reports, and/or visiting sites of activities funded by the College grants.

Schedule I (Form 990) 2020

Page 2

Additional Data

Scholarships for Tuition and Fees

Scholarships for Tuition and Fees

Scholarships for Tuition and Fees

Prizes-Academic Achievement & Contests

Prizes-Academic Achievement & Contests

Software ID: **Software Version:**

EIN: 34-0714654

Name: The College of Wooster

Form 990, Schedule 1, Part 111, Grants	and Other Ass	istance to Donnestic	illuiviuuais.
Scholarships for Tuition and Fees	1571	53,031,242	

1571

Form 000 Schodule I Bart III Grants and Other Assistance to Demostic Individuals

53,031,242

120 FMV

150 FMV

220 FMV

936 FMV

Membership

Supplies

Medica Suppli

al		
ies		

29,368 FMV

1,118 FMV

2,100 FMV

Supplies

Travel

Tuition

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

Student Research

Student Research

Vocational Grants for Students

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. Scholarships for Tuition and Fees 6.960 FMV Travel Scholarships for Tuition and Fees 6.960 FMV Travel COVID Related Grant 730.879

127,995

Student Research

Vocational Grant

2.555 FMV

Tuition

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 9349	313	6126	732
Sch	nedule J	Co	ompensat	ion Information	ОМВ	No.	1545-0	0047
(Forr	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				<u> </u>	2(
		➤ Complete if the org		vered "Yes" on Form 990, Part IV, li n to Form 990.	ne 23.	40	20	J
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest informa			o Pul ectio	
Nar	me of the organiza	ation		E	mployer identification			
The	College of Wooster			34	4-0714654			
Pa	rt I Questi	ons Regarding Compensa	ition	10				
					_		Yes	No
1a				f the following to or for a person listed only relevant information regarding these				
		s or charter travel	led	Housing allowance or residence for pe	rsonal use			
	_	companions		Payments for business use of persona	l residence			
		nification and gross-up payment	_	Health or social club dues or initiation				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauffer	ur, chef)			
b				follow a written policy regarding paymeve? If "No," complete Part III to explain		1 b	Yes	
2				or allowing expenses incurred by all	1-3	2	Yes	
	directors, truste	es, officers, including the CEO/1	Executive Directo	r, regarding the items checked on Line	Ia?			
3				ed to establish the compensation of the				
				not check any boxes for methods CEO/Executive Director, but explain in l	Part III.			
	, 	-						
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	7	Approval by the board or compensation	en committee			
		-	_					
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the filin	g organization or a			
а	_	ance payment or change-of-con	itrol payment?			4a		No
b		· ·		lified retirement plan?	·. ·	4b	Yes	
c	•		•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part II	II.			
_), 501(c)(4), and 501(c)(29)		the organization pay or accrue any				
5	compensation c	ontingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		No
b	-					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed art III		7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," desc				NI-
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in Re	egulations section	9		No_
For F		iction Act Notice, see the Ins			D53T Schedule J (1		990)	2020

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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base ompensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								

membership is maintained so the country club can be used solely for college events, the payment is not considered taxable compensation. The following individuals participated in and received contributions from a 457(f) plan during the year: - Sarah Bolton \$58,425 Part I, Line 4b

Schedule 1 (Form 990) 2020

(i)

(ii)

(i)

(ii)

(i)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii) (i)

(ii)

(i)

(ii)

321,751

250,139

188,351

230,895

217,340

184,360

173,333

148,451

155,982

149,908

126,244

129,571

1Sarah R Bolton

1Scott Friedhoff

2Scott C Brown

3James E Prince

4Wayne P Webster

5Ivonne M Garcia

7Jennifer D Winge

8Keith D Beckett

Director of Physical Education

9Melissa Anderson

10Mark A Wilson

11Ellen Falduto

Geology - Professor

Chief Communication & Marketing Offi

Chief Info & Planning Officer

Dean of Admissions

6Lisa Perfetti

Provost

Chief Diversity Officer

VP For Advancement

VP of Enrollment & College

VP of SA/Dean of Students

VP Fin. & Bus./Treasurer

President

Relations

Software ID:

Software Version:

EIN: 34-0714654

Name: The College of Wooster

(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	
	(i) Base Compensation	·	(iii)	other deferred compensation	benefits	
		Bonus & incentive	Other reportable	Compensation		

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

99-MIS	C compensation	(C) Retirement and	(D) Nontaxable
	(iii)	other deferred	benefits

82,342

21,747

9,220

16,458

15,858

13,167

12,772

10,896

16,110

10,204

10,844

11,258

1,242

8,560

440

6,826

516

1,797

1,736

499

1,711

311

1,758

1,759

(E) Total of columns

(B)(i)-(D)

474,685

347,990

278,988

273,130

263,564

218,375

215,191

187,736

175,303

169,474

158,217

153,361

69,350

67,544

80,97

18,951

29,850

19,051

27,350

27,890

1,500

9,051

19,371

10,773

(F) Compensation in

column (B) reported as deferred on prior Form 990

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.

Schedule K

(Form 990)

Department of the Treasury

Internal Revenue Service

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Supplemental Information on Tax-Exempt Bonds

▶ 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.

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

OMB No. 1545-0047

DLN: 93493136126732

2020

Inspection

Schedule K (Form 990) 2020

	ame of the organization							Emplo	Employer identification number							
The College of Wooster									34-07	34-0714654						
Pā	rt I Bond Issues									•						
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) [(f) Description of purpose		(g) Do	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
										Yes	No	Yes	No	Yes	No	
Α	Ohio Higher Educational Facility Commission	34-6849674	67756AY55	05-04-2010	9,9	53,556	Education	nal Facili	ties		Х		Х		Х	
В	Ohio Higher Educational Facility Commission	34-6849674	67756AGC2	05-30-2012	9,1	.82,102	Educational Facilities			Х		Х		Х		
С	Ohio Higher Educational Facility Commission	34-6849674		04-09-2013	5,7	70,000	Education	Educational Facilities			Х		Х		Х	
D	Ohio Higher Educational Facility Commission	34-6849674		11-15-2018	32,8	802,300	Education	nal Facili	ties		Х		Х		Х	
Pa	rt II Proceeds									<u> </u>						
						Α	В		(С			D			
1	Amount of bonds retired					9,953	.556 3,425,000			5,770,000		٥,000				
2	Amount of bonds legally defease															
3	Total proceeds of issue				9,953,556 9,182,102				5,770,000		0 32,802,300					
4	Gross proceeds in reserve funds															
5		Capitalized interest from proceeds											3,3	317,240		
6		Proceeds in refunding escrows						3,999,686		5,697,	.211					
7	Issuance costs from proceeds				197	,350		182,416		65,	.270		3	29,675		
8																
9	Working capital expenditures fro															
10	Capital expenditures from proce	eds			9,756,206		,206	5,000,000					18,971,31		71,315	
11	Other spent proceeds									7,51		.519	.19			
12	Other unspent proceeds													10,1	.84,070	
13	Year of substantial completion .				20)12	2013		20	2014		20		2021		
					Yes	No	,	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part o bonds (or, if issued prior to 2019	9, a current refunding	j issue)?	: <u> </u>		Х			Х		Х				X	
15	Were the bonds issued as part o bonds (or, if issued prior to 2019	9, an advance refundi	ing issue)?			Х		Х		Х					X	
16	Has the final allocation of procee	eds been made?			Х			Х		Х					X	
17	Does the organization maintain proceeds?				Х			X		Χ			Х			
Part III Private Business Use																
						Α			3	() V				D		
1	Was the organization a partner i financed by tax-exempt bonds?				Yes	No X		Yes	No X	Yes	No X		Yes	_	No X	

Χ

Cat. No. 50193E

Χ

Schedule K (Form 990) 2020

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

Χ

Χ

Χ

Χ

No

Χ

Χ

D

Yes

Х

Schedule K (Form 990) 2020

Yes

Χ

D

В

No

Х

Χ

Χ

Х

Yes

Χ

Yes

Χ

No

Χ

Χ

Α

Nο

Χ

Χ

Χ

Χ

В

Yes

Χ

Χ

Α

No

Χ

Χ

Yes

Χ

C

No

Χ

Χ

Х

Χ

Yes

Χ

No

Χ

Х

C

Are there any research agreements that may result in private business use of bond-financed

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

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?

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

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

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

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

Penalty in Lieu of Arbitrage Rebate? . . .

If "No" to line 1, did the following apply? . . .

Rebate not due yet?

Exception to rebate?

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

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

В

No

Explanation

No

Χ

Χ

Yes

Yes

No

No

Yes

Yes

Yes

Χ

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

Bridge note for renovation of student center, which will ultimately be funded with gifts.

Page 3

No

D

D

Nο

Yes

Yes

Х

Nο

Schedule K (Form 990) 2020

(GIC)?

period?

Part V

Part VI

- Description of purpose

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?

requirements of section 148? . . .

Return Reference

Schedule K, Part I, Column (B) Entity 2

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K

Supplemental Information on Tax-Exempt Bonds

▶ 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.

Open to Public

OMB No. 1545-0047

Inspection

No

Х

DLN: 93493136126732

Were the bonds issued as part of a current refunding issue of tax-exempt

Were the bonds issued as part of an advance refunding issue of taxable

Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** The College of Wooster 34-0714654 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool (a) Issuer name behalf of financing issuer Yes No Yes No Yes 10-27-2020 Ohio Higher Educational Facility 34-6849674 5,150,450 Refund Prior Tax-Exempt Bonds Commission Issued in 2010 Ohio Higher Educational Facility 34-6849674 05-14-2021 22,000,000 Educational Facilities Χ Χ Commission Part ${
m I\hspace{-.1em}I}$ **Proceeds** Α В C D 2 3 5,150,450 22,000,000

(Form 990)

5 6 7

8 9

10 11

12

13

14

15

16

17

2

Does the organization maintain adequate books and records to support the final allocation of Part III

Was the organization a partner in a partnership, or a member of an LLC, which owned property

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.

Private Business Use

115,753

5,034,697

No

Χ

No

Х

2020

Α

Yes

Χ

Χ

Χ

Yes

Yes

Х

Yes

22,000,000

2023

21,861,000

139,000

No

Χ

Χ

Χ

No

Χ

Χ

Yes

Yes

C No

No

Yes

Yes

Schedule K (Form 990) 2020

No

No

D

Cat. No. 50193E

3a

b

d

6

8a

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2020

No

Yes

Yes

В

No

Х

Χ

Χ

Χ

Χ

Yes

C

No

Yes

Α

Nο

Χ

Χ

Χ

Χ

Χ

Yes

Χ

Х

Α

No

Χ

Χ

Yes

Χ

В

No

Χ

Χ

Χ

Χ

Yes

C

No

Yes

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

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

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

Are there any management or service contracts that may result in private business use of bond-financed property?							
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?							

Are there any research agreements that may result in private business use of bond-financed

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

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?

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

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

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

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

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

Term of GIC

Were gross proceeds invested in a guaranteed investment contract

Arbitrage (Continued)

Schedule K (Form 990) 2020

Part IV

(GIC)?

period?

Part VI

0	Yes	No	Yes		

No Χ

Page 3

No

D

Yes

Was the regulatory safe harbor for establishing the fair market value of Were any gross proceeds invested beyond an available temporary

paries.									
7 Has the organization established written procedures to monitor the requirements of section 148?	Х			Х					
Part V Procedures To Undertake Corrective Action									
		Į.	1		В	C	:		D
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement prough if self-remediation is not available under applicable regulations?	gram	Χ		х					

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

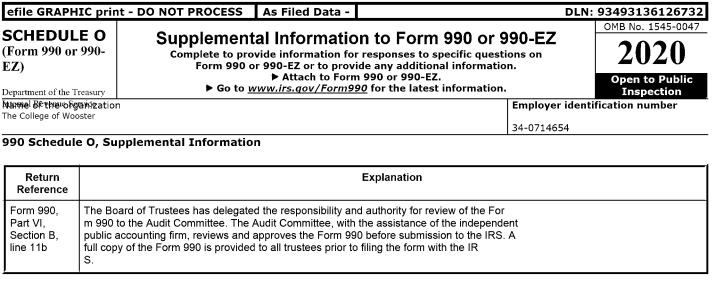
Yes

efile GRAPHI	print - DO N	OT PROCES	S As F	iled Data -				D	LN: 93	4931	3612673		
Schedule L		Tran	sactio	ns with Interested Persons						OMB No. 1545-0047			
(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.							25a, 25b, 26,			20			
		27, 28a,		Bc, or Form 99 ch to Form 99			l 0 b.			Z U	14 U		
Department of the Trea		Go to <u>www.ii</u>		<u>m990</u> for inst			ormatio	on.	9		to Public ection		
Name of the org							Emp	loyer id	entifica	ition n	umber		
The College of Woo	ster						34-0	714654					
Part I Exce	ss Benefit Tra	nsactions (section 501	(c)(3), section	501(c)(4), and	section 501(c			ns only).			
	ete if the organiz												
1 (a) Name of disqua	lified person	(b)	(b) Relationship between disqualified person and organization					tion of		(d) Corrected?		
					Ji gainization		-	transac	.1011	Y	es No		
4958	nount of tax incu nount of tax, if a						year und	ler section	\$ — \$ —				
Cor	ans to and/or aplete if the orga orted an amount	nization answe	red "Yes" o	n Form 990-EZ	, Part V, line 3	8a, or Form 99	00, Part :	IV, line 2	6; or if	the org	anization		
(a) Name of	(b) Relationshi				(e) Original	(f) Balance due	default? Appro-		(h)				
nterested person	with organizatio	rganization of loan	orga	inization?	ization? principal amount				oved by ard or mittee?	ag	agreement?		
			То	From	1		Yes N	lo Yes		Yes	No		
								_					
		+		+	+								
Γotal .					 ▶ \$								
	nts or Assista	nce Benefit	ina Inter										
	plete if the or		_			line 27.							
	' '	b) Relationship terested perso	n and the	(c) Amount	of assistance	(d) Type o	of assista	ance	(e) Pu	rpose o	of assistanc		
(a) Name of inter	"	organizat									ncial Aid		
		organizat t Required	ion		55,000	Merit Scholars	ship	F	inancia	Aid			
			lon		55,000	Merit Scholars	ship	F	inancia	Aid			
(a) Name of inter			ion		55,000	Merit Scholars	ship	F	inancia	Aid			
			ion		55,000	Merit Scholars	ship	F	inancia	Aid			

Part V	Supplemental	Informati

DLN: 93493136126732 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) **2020** ▶ 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** The College of Wooster 34-0714654 **Types of Property** (d) (a) (b) (c) 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 . . . 2 Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 1 Other Х goods Cars and other vehicles . . 7 Boats and planes . . . Intellectual property . . . 102 1,805,757 Market Value Securities—Publicly traded . Χ 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures 14 Oualified conservation contribution-Other . . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy Historical artifacts . . . 22 23 Scientific specimens . . . Archeological artifacts . . . Steinway 1 Other Pianos For Music 25 Other ► (Department Other ▶ (_____ 27 Other ► (___ 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 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. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 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, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2020)

Schedule M (Form 990) (2020)	P	Page 2
	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.	
Return Reference	Explanation	
	Securities - Publicly Traded - Number of Contributions Clothing and Household Goods - Number of Contributions Other - Steinway Pianos For Music Department - Number of Contributions	
	Schedule M (Form 990) (2	2020)



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The College respects the right of its trustees, officers, faculty, and staff members to en gage in outside business, financial, service, and/or other activities, recognizing that co nflicts of interest do arise from time to time, and that these conflicts: 1. May result from the individual's relationships with outside organizations, persons, or causes reflectin g the person's prominence, reputation, and influence, and 2. Need not be harmful, and, ind eed may be favorable, to the College's interests, as long as they are disclosed and unders tood in the College's decision-making processes. Such real or apparent conflicts are not c onsidered detrimental if: 1. They are fully disclosed to the appropriate designated senior staff member or the Audit Committee of the Board; 2. Their nature is known and understood by the individual's immediate supervisor and the appropriate senior staff member for faculty and staff employees, and the Audit Committee of the Board of Trustees for senior staff members, the president, and trustees; 3. Disclosure is made at the earliest practicable time; 4. The commitment of time to these activities does not interfere with the individual's duties; 5. The trustee or employee refrains from participating in College matters relate d to such activities; and 6. The trustee or employee always acts in a manner that fosters the objectives of the College's core mission to provide the best possible educational experience for Wooster's students, to provide the proper environment for faculty to teach, and to responsibly steward the College's financial, human, and physical resources. Conflict of interest questionnaires are completed annually by all trustees and each officer, senior staff, faculty, and staff member who is currently serving the College and who has authorit y to requisition, purchase, or contract for materials or services for the College, or who has responsibility for approving the same. The Chair of the Audit Committee reviews all questionnaires on an annual basis. The Conflict of Interest

990 Schedule O, Supplemental Information

Return

Reference	
Form 990,	The Compensation Committee of the Board of Trustees reviews surveys conducted by the Great
Part VI,	Lakes Colleges Association (GLCA) and joint payroll surveys conducted by the GLCA and Ass
Section B,	ociated Colleges of the Midwest (ACM). Compensation arrangements for the President are rev
line 15a	iewed and approved by independent members of the Executive Committee. The President's comp
	ensation is determined based on reference to the salary surveys and the President's job pe
	rformance. Recommended compensation arrangements for other senior officers and staff are d
	eveloped by the President in consultation with the Chairman of the Board and are based on

Explanation

eveloped by the President in consultation with the Chairman of the Board and are based on the above-mentioned salary surveys, job performance, and experience in the position. These recommendations are presented to the full Executive Committee for discussion and approval.

Compensation decisions made by the Compensation Committee affecting the President and ot

her senior officers are reported to the full Board of Trustees.

990 Schedule O, Supplemental Information

Return Explanation

lable upon request for the past three years in accordance with IRC Section 6104(d).

Reference

line 18

ı		
	Form 990,	The College filed its Form 1023 before July 15, 1987 and did not have a copy of this filin
ı	Part VI,	g as of that date. Under the regulations of the Internal Revenue Code, the College is not
ı	Section C,	required to make its Form 1023 available for public inspection. Form 990 and 990T are avai

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,	The College posts its audited financial statements on the College website (www.wooster.edu
Part VI,). Form 990 and 990-T are available upon request for the past three years in accordance wi
Section C,	th IRC section 6104(D)
line 19	

efile GRAPHIC print - DO NOT PROCESS A
SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

The College of Wooster

As Filed Data -

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

DLN: 93493136126732

2020

Open to Public Inspection

Employer identification number

				34-0714654			
Part I Identification of Disregarded Entities. Complet	e if the organization ansv	vered "Yes" on Form	990, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country		(e) End-of-year assets	(f) Direct controlling entity		
(1) Wooster Technology Group LTD 1101 North Bever Street Wooster, OH 44691 26-3895769	Holds Patents	ОН	0	32,614	The College of Wooster		_
							_
							-
							-
Part II Identification of Related Tax-Exempt Organizar related tax-exempt organizations during the tax year		J ganization answered	"Yes" on Form 990	D, Part IV, line 34	because it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		Section (13) co	g) n 512(b ontrolle tity?
(1)Great Lakes Colleges Association Inc 535 West William	Education Consortium	MI	501(c)(3)	Line 12a, I	N/A	Yes	No
Ann Arbor, MI 48103 38-1678376					177		
(2)The Five Colleges of Ohio 209 Chase Avenue Eaton Center	Education Consortium	ОН	501(c)(3)	Line 12a, I	N/A		No
Gambier, OH 43022 31-1440434						\bot	<u> </u>
or Paperwork Reduction Act Notice, see the Instructions for For	 m 990.	Cat. No. 5013		1	Schedule R (Form	990) 20	 020

Part III Identification of Related Organizations Taxab one or more related organizations treated as a part		•	f the orgai	nization	answered "	Yes" on Fo	orm 990, Pa	art IV, line (34, becaus	se it had
	1	1 1	1		1	1		1	1	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(F Dispropi allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging	(k) Percentage ownership
				314)			Yes	No	1	Yes	No	
Part IV Identification of Related Organizations Taxable as a C because it had one or more related organizations treated as					zation ansv	wered "Ye	s" on F	orm 9	990, Part IV	, line	34	
(a) (b)	((c)		(d)	(e)	(f)	1.	(g)	(h)		(i)

	organizations Taxable as a Celated organizations treated as				nswered "Yes	s" on Form 990	O, Part IV, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (13) co	
(1)Pooled Income Fund (2)	Pooled Income Fund	OH	The College of Wooster	Т			100.000 %	Yes	110
(2)Charitable Remainder Trust (5)	Charitable Trust	ОН	The College of Wooster	T			100.000 %	Yes	
(3)Charitable Lead Trust (1)	Charitable Trust	ОН	The College of Wooster	T			100.000 %	Yes	
									_
						Sc	hedule R (Form	990) 20	020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a 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)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1 d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
Color of a contract and a contract a	1.0		No

f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1 g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1 i	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
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No

k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
	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	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes	+
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a)(b)(c)(d)Name of related organizationTransaction type (a-s)Amount involved type (a-s)Method of determining am	ount i	nvolve	d

р	Reimbursement paid to related organization(s) for expenses				1 p	Yes			
	Reimbursement paid by related organization(s) for expenses				1 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	imount i	involve	d		
		Transaction			amount i	involved	d		
		Transaction			amount i	involved	d		
		Transaction			amount i	involve	d		
		Transaction			amount i	involved	d		
		Transaction			amount i	involved	d		

Page **3**

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

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

- 5													
(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant income (related, unrelated, excluded from tax under sections 512-	Ar oı	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partneri	or g ?	(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2020

Schedule R (Fo	rm 990) 2020	P ₁	age 5			
Part VII	Supplemental Information					
Provide additional information for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation				