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.

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

DLN: 93493133012231 OMB No. 1545-0047

> Open to Public Inspection

Department of the Treasury

Internal Revenue Service

For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 D Employer identification number B Check if applicable: WASHINGTON COLLEGE ☐ Address change 52-0591691 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 300 WASHINGTON AVENUE ☐ Amended return ☐ Application pending (410) 778-7204 City or town, state or province, country, and ZIP or foreign postal code CHESTERTOWN, MD $\,$ 216201197 G Gross receipts \$ 177,901,384 Name and address of principal officer: H(a) Is this a group return for WAYNE POWELL PRESIDENT □Yes ☑No subordinates? 300 WASHINGTON AVENUE H(b) Are all subordinates CHESTERTOWN, MD 216201197 ☐ Yes ☐No included? **☑** 501(c)(3) **☐** 501(c)() **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.WASHCOLL.EDU L Year of formation: 1782 M State of legal domicile: **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . 36 35 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1,527 **6** Total number of volunteers (estimate if necessary) 6 421 Total unrelated business revenue from Part VIII, column (C), line 12 **7**a -42,378 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 17,278,716 25,655,671 Ravenue 75,091,378 68,915,945 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,895,020 7,267,495 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,184,332 1,013,187 100,449,446 102,852,298 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 32,371,770 33,084,635 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 37,050,453 32,607,309 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 85,291 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,471,773 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 32,705,402 31,859,779

Signature Block

20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign
Jigii
Here

Net Assets or Fund Balances

an I	Signature of of	ficer			Date			
ere	LAURA JOHNSO	ON VP OF FINANCE						
aid	7 ''	e preparer's name	Preparer's signature	Date	Check if	PTIN P00504182		
onarai	Firm's na	me F GRANT THORNTO	N LLP	Firm's EIN ▶ 36-6055558				

Use Only

Firm's address ► 757 THIRD AVENUE 9TH FLOOR Phone no. (212) 599-0100 NEW YORK, NY 10017

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 18 from line 12 .

22 Net assets or fund balances. Subtract line 21 from line 20 .

Cat. No. 11282Y

102,212,916

453,240,948

79,201,496

374,039,452

Beginning of Current Year

2021-05-13

-1,763,470

Form 990 (2019)

☑ Yes ☐ No

97,5<mark>51,72</mark>3

5,300,575

454,444,953

375,804,259

78,640,694

End of Year

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to a	any line in this Part III		🗹
1	Briefly describe the	organization's mission:				
SEE :	SCHEDULE O.					
2	Did the organization	undertake any signific	ant program sen	vices during the year w	hich were not listed on	
	the prior Form 990 o	or 990-EZ?				☐ Yes ☑ No
	If "Yes," describe the	ese new services on Sc	hedule O.			
3	Did the organization	cease conducting, or n	nake significant	changes in how it cond	ucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O.			
4	Section 501(c)(3) ar		ons are required	to report the amount of	largest program services, as me of grants and allocations to other	
4a	(Code:) (Expenses \$	82,610,592	including grants of \$	33,084,635) (Revenue \$	58,886,883)
	See Additional Data					
4b	(Code:) (Expenses \$	0	including grants of \$	0) (Revenue \$	10,678,208)
	See Additional Data					
4c	(Code:) (Expenses \$	241,533	including grants of \$	0) (Revenue \$	337,832)
	See Additional Data					
	(Code:) (Expenses \$	0	including grants of \$	0) (Revenue \$	0)
4d	Other program serv	ices (Describe in Sched	ule O.)			
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses ►	82,852,1	25		

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

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

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

No

20a

20b

21

	990 (2019)			Page
Par	Checklist of Required Schedules (continued)	Ī	Yes	No
2	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	140
3	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	
la	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
ā	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? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
	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
	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		No
	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
)	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
2	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
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	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		No
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
)	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		
	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
	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
	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	
'aı	Statements Regarding Other IRS Filings and Tax Compliance	· '		
	Check if Schedule O contains a response or note to any line in this Part V			
د	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 280		Yes	No
. a	Enter the number reported in box 5 or roth 1050. Enter 50- in not applicable 1 1 14 200			1

1b

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

1c

Yes

-01111	290 (2019)			Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority 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: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
5.5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	5c 6a		No
b	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were			
_	not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	-	V	
	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?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	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
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.)	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in	134		
	which the organization is licensed to issue qualified health plans			
	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?	15		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No

	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.	, resp.		
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			B1 -
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 36		Yes	No
10	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.			
D	Enter the number of voting members included in line 1a, above, who are independent 1b 35			
2	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	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		Yes	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes Yes	
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	11a 12a	Yes	
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	11a 12a 12b	Yes Yes	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	11a 12a 12b	Yes Yes	
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ection C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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.	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b See 17	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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.	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ection C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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.	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

 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. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours per week lis	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization 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. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a						Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the	n	
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

ELLUCIAN COMPANY LP,

CHICAGO, IL 60693

37 WEST AVE STE 204 WAYNE, PA 19087 ROYALL COMPANY,

1920 EAST PARHAM RD RICHMOND, VA 23228 ASHE CULTURAL TOURS LLC,

204 CROSSGATE DRIVE CHURCHILL, MD 21623

compensation from the organization ▶ 6

CPF LLC,

PO BOX 409

62578 COLLECTIONS CENTER DR

PRINCE FREDERICK, MD 20678 WHITEBOARD COMMUNICATIONS LLC,

(A)

Part VII

(F)

(C)

Compensation

1,090,742

316,561

214,950

188,582

170,000

Form 990 (2019)

Description of services

TECHNOLOGY

CONSTRUCTION

MARKETING

MARKETING

CULTURAL TOURS

	(A) Name and title	Average hours per week (list any hours	than o	one bo	ox, u n of	t che unles ficer	and a	son	Reportable compensation from the organization (N. 2/1000)		compensation	
		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)	related organizations	
See A	Additional Data Table											
						Г						
	Sub-Total		-		-		>	'			•	
	Total from continuation sheets to Pa Total (add lines 1b and 1c)				•		>		2,512,084	0		537,430
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove	e) who	rece	eived more than \$10	00,000		
											Yes	No
3	Did the organization list any former of line 1a? If "Yes," complete Schedule J	,		ee, k	ey e	mplo	oyee, d	or hig	ghest compensated		3	No
4	For any individual listed on line 1a, is	the sum of repo	ortable o							<u> </u>	-	No
	organization and related organizations individual	s greater than \$	3150,00¢	0? <i>If</i>	"Yes	;," cc	omplet •	e Sc	hedule J for such		4 Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									vidual for	5	No
	ection B. Independent Contract			_						_	•	
1	Complete this table for your five higher from the organization. Report comper										ensation 	

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

(B)

Name and business address

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

(D)

(E)

Form 9 Part		(2019) Statement	of E	Pavanua						Page 9
Part	VIII				a respo	nse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
w 90	1:	a Federated campa	igns	5 . .	1 a			revenue		312 314
ons, Gifts, Grants Similar Amounts		b Membership dues	5.		1 b					
. G.		c Fundraising even	ts .		1c	33,272				
iffs,		d Related organizat			1d					
3, G m:		e Government grants			1e	9,434,208				
Contributions, and Other Sim	1	f All other contributio and similar amounts above	s not	included	1f	16,188,191				
		g Noncash contributio lines 1a - 1f:\$	ns in	iciuaea in	1g	5,297,259				
Contained		h Total. Add lines 1	1a-1	.f		>	25,655,671			
						Business Code	,			
	2a	TUITION AND FEES				900099	57,280,249	57,280,249		
Program Service Revenue	b	AUXILIARY ENTERPRI	ISES			900099	10,678,208	10,678,208		
vice Re	c	CONFERENCES & CAT	ERIN	NG		532000	649,725	613,392	36,333	
n Ser	d	AUXILIARY ENTERPRI	ISES			900099	307,763	307,763		
Progra	e									
_	f	All other program	serv	ice revenue						
		Total. Add lines 2				68,915,945	_			
	3	Investment income similar amounts) .		luding divid		nterest, and other				
	l	Income from invest				ond proceeds	339,56	55	-78,711	418,276
	5	Royalties								
				(i) Re	al	(ii) Personal	-			
	6a	Gross rents	6a		26,209					
	b	Less: rental expenses	6b		0	,				
	c		_		25.200					
		or (loss) I Net rental income	6c or		26,209		26,20	99		26,209
	(i) Securities					(ii) Other				
	7 a	7a Gross amount from sales of assets other than inventory			342,347	633,90	8			
	b	Less: cost or other basis and sales expenses	7b	74,	403,461	644,86	4			
	c	Gain or (loss)	7c	6,	938,886	-10,95	6			
		l Net gain or (loss)	•			• • • •	6,927,93	30		6,927,930
Other Revenue	8a	Gross income from fu (not including \$ contributions reported See Part IV, line 18	d on	33,272 of line 1c).	8a	761				
Re	l L	Less: direct expen	ses		8b	761				
her	ı	Net income or (los			ing ev	ents 📂		0		0
	9a	Gross income from s See Part IV, line 19		ing activities	. 9a					
	Ŀ	Less: direct expen	ses		9b					
	٩	Net income or (los	s) fr	rom gaming	activiti	es >				
	10	aGross sales of inve returns and allowa			10a					
	Ŀ	Less: cost of good	s so	ld	10 b					
	_	Net income or (los Miscellaneo			invent	ory ► Business Code	1			
	11	Miscellaneol				90009	9 162,13	162,131		
	Ł	GIS PROGRAM				90009	9 138,95	138,950		
		BOOKSTORE				90009	9 79,81	.1 79,811		
		4 All other records					606.00	26		606,086
		l All other revenue Total. Add lines 1:			.		606,08	00		606,086
		! Total revenue. Se					986,97	78		
		. Juli Tovelluei 3	JU 11		•	• • • •	102,852,29	69,260,504	-42,378	7,978,501

Form 99	90 (2019)				Page 10
Part I					
	Section 501(c)(3) and 501(c)(4) organizations must co		_		ımn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> ⊔</u>
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations and mestic governments. See Part IV, line 21				
	ants and other assistance to domestic individuals. See rt IV, line 22	31,926,114	31,926,114		
go	ants and other assistance to foreign organizations, foreign vernments, and foreign individuals. See Part IV, lines 15 d 16.	1,158,521	1,158,521		
4 Be	nefits paid to or for members				
	mpensation of current officers, directors, trustees, and y employees	2,372,170	1,993,827	294,956	83,387
det	mpensation not included above, to disqualified persons (as fined under section $4958(f)(1)$) and persons described in this tion $4958(c)(3)(B)$				
7 Otl	ner salaries and wages	24,280,117	20,502,725	2,989,569	787,823
	nsion plan accruals and contributions (include section 401 and 403(b) employer contributions)	1,229,600	1,032,144	136,649	60,807
9 Otl	ner employee benefits	2,918,886	2,327,537	454,599	136,750
10 Pa	yroll taxes	1,806,536	1,529,168	199,034	78,334
11 Fee	es for services (non-employees):				
a Ma	nagement				
b Leg	gal	118,094	118,094		
c Ac	counting	160,367	160,125	242	
d Lol	bbying				
e Pro	ofessional fundraising services. See Part IV, line 17				
f Inv	vestment management fees	704,796		704,796	
	her (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule O)	4,749,453	3,755,941	921,264	72,248
12 Ad	vertising and promotion	34,625	18,571	16,054	
13 Off	ice expenses	579,162	518,258	37,511	23,393
	ormation technology				
15 Ro	yalties				
16 Oc	cupancy	3,072,103	1,863,931	1,208,172	
17 Tra	avel	976,929	909,866	7,211	59,852
	yments of travel or entertainment expenses for any leral, state, or local public officials				
19 Co	nferences, conventions, and meetings				
20 Int	rerest	2,557,407	1,687,889	869,518	
21 Pa	yments to affiliates				
22 De	preciation, depletion, and amortization	9,110,162	6,418,522	2,684,302	7,338
23 Ins	surance	615,246	381,333	233,913	
mi: ex	ner expenses. Itemize expenses not covered above (List scellaneous expenses in line 24e. If line 24e amount ceeds 10% of line 25, column (A) amount, list line 24e penses on Schedule O.)				
a R	EPAIRS AND MAINTAINANC	2,105,927	1,745,133	348,471	12,323
b S	SUPPLIES	985,530	859,716	114,207	11,607
c B	OOKS & RESEARCH SUPPLI	475,131	475,131		
d M	MEALS AND ENTERTAINMENT	341,453	274,397	18,606	48,450
e A	II other expenses	5,273,394	3,195,182	1,988,751	89,461
25 To	tal functional expenses. Add lines 1 through 24e	97,551,723	82,852,125	13,227,825	1,471,773
rep ed	int costs. Complete this line only if the organization ported in column (B) joint costs from a combined ucational campaign and fundraising solicitation.				
Ch	eck here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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

٥ 29

Assets 30 59.569

865,096

180,952,494

143,423,616

83.536.214

454,444,953

2,397,338

2,201,461

62.457.782

11,584,113

78.640.694

130.842.812

244,961,447

375,804,259

454,444,953

Form 990 (2019)

(B)

End of year

Page 11

Check if Schedule O contains a response or note to any line in this Part \ensuremath{IX}	

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

or family member of any of these persons

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

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

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

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

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

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

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,

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

Retained earnings, endowment, accumulated income, or other funds

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 .

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	29,906,336	2	39,027,498
3	Pledges and grants receivable, net	5,878,649	3	3,893,749
4	Accounts receivable, net	1,551,193	4	2,686,717

300,037,121

119,084,627

Beginning of year

68.503

899,956

184,991,495

159,939,442

70,005,374

453,240,948

4,888,296

1,231,331

64.649.363

8,432,506

79.201.496

122,615,597

251,423,855

374,039,452

453,240,948

8

10c

11

12 13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

	Fledges and grants receivable, net	0,010,043	,	
4	Accounts receivable, net	1,551,193	4	
5	Loans and other 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		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		•	

10a

10b

3a

3b

Yes

Yes (2019)

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

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

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

Audit Act and OMB Circular A-133?

Additional Data

SEE SCHEDULE O.

Software ID: Software Version:

EIN: 52-0591691

Name: WASHINGTON COLLEGE

Form 990 (2019) Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b: SEE SCHEDULE O.

Form 990, Part III, Line 4c: SEE SCHEDULE O.

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

	6					,	′	(11/ 2/1000	(14/ 2/1000	
	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
KURT LANDGRAF	55.00	Х		х				407,235	0	28,846
PRESIDENT/MEMBER	0.00									
SUSANNAH SUTLEY	55.00								_	
VP ADVANCEMENT & ALUMNI	0.00				Х			238,478	0	56,918
MARK HAMPTON	55.00									
EXECUTIVE VP (THRU 09/2019)	0.00				X			228,406	0	52,732
PATRICE DIQUINZIO	55.00									
PROVOST & DEAN	0.00				Х			211,117	0	48,844
LORNA HUNTER	55.00									

Χ

Х

Χ

Х

Х

0.00 55.00

0.00 55.00

0.00 55.00

0.00 55.00

0.00 55.00

0.00

.

.

215,418

191,108

173,657

165,966

144,047

147,392

0

0

0

0

0

0

28,506

45,409

52,949

47,408

58,378

30,864

. , ,
PATRICE DIQUINZIO
PROVOST & DEAN
LORNA HUNTER
VP ENROLLMENT

SARAH FEYERHERM

JOHN SEIDEL

.......

LAURA JOHNSON

VICTOR SENSENIG

VALERIE RICHARD

ASSOC VP FACILITES

CHIEF OF STAFF & VP PLANNING

VP FINANCE

DIRECTOR, CES

VP STUDENT AFFAIRS

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

and Independent Contractors

CO-VICE CHAIR

CO-VICE CHAIR

LYNN L BERGESON

GEOFFREY M ROGERS SR

PATRICK WILLIAM ALLENDER

..........

ANN HORNER

SECRETARY

TREASURER

MEMBER

MEMBER

THAD BENCH

	0.00 1.00	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
LISA MARX DIRECTOR OF HEALTH SERVICES					х		135,809	0	32,487
ADAM GOODHEART DIRECTOR, STARR CENTER					х		129,767	0	30,667
PENELOPE FARLEY ASSIST VP FINANCE					х		123,684	0	23,422
STEPHEN T GOLDING			x				0	0	0

0

0

0

0

0

0

DIRECTOR, STARR CENTER	0.00					
PENELOPE FARLEY	55.00			_	123,684	
ASSIST VP FINANCE	0.00			^	123,004	
STEPHEN T GOLDING	1.00	v	Х			
CHAIR/MEMBER	0.00	^	^			
RICHARD L CREIGHTON	1.00	V	,			

0.00 1.00

0.00 1.00

0.00 1.00

0.00 1.00

0.00 1.00

0.00

Χ

Х

Χ

Χ

Χ

Х

Χ

.

......

......

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

	any hours		a dir	ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MARC BUNTING	1.00	Х						0	0	0
MEMBER	0.00								,	
NORRIS W COMMODORE JR	1.00									0
MEMBER	0.00	Х							0	0
JAYNE CONROY	1.00	Х						0	0	0
MEMBER	0.00									

0

0

0

0

0

0

0

1.00

1.00

1.00

0.00 1.00

0.00 1.00

0.00 1.00

1.00

0.00

.

......

......

Χ

Χ

Χ

Х

Χ

Χ

Χ

MEMBER
JAYNE CONROY
MEMBER
THOMAS C CROUSE JR
MEMBER
H LAWRENCE CULP IR

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

PETER VAN DYKE

THOMAS H GALE

RICHARD B GRIEVES

WILLIAM HARVEY

JEFFREY HORSTMAN

.......

and Independent Contractors

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

	any hours					ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KIRK B JOHNSON	1.00	Х						0	0	0
MEMBER	0.00							Ŭ	3	
JIM LIM	1.00	Х						0	0	0
MEMBER	0.00									
REBECCA LOREE	1.00	X						0	0	0

0

0

0

0

0

0

0

		l X	l		1 0	
MEMBER	0.00					
JIM LIM	1.00					
		Х			0	
MEMBER	0.00					
REBECCA LOREE	1.00					
		Х			0	
MEMBER	0.00					
THOMAS H MADDUX	1.00					
		Х			0	
MEMBER	0.00					

1.00

0.00 1.00

0.00 1.00

0.00 1.00

0.00 1.00

0.00 1.00

0.00

......

......

Χ

Χ

Х

Χ

Χ

Χ

and Independent Contractors

PETER MALLER

WILLIAM MILLER

REGIS DE RAMEL

BRANDON RIKER

EDWARD P NORDBERG

.....

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

BERT REIN

(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 related from the compensation

and Independent Contractors

JOHN H TIMKEN

DONALD C TOMASSO

RICHARD WHEELER

RICHARD WOOD III

ALBERT JA YOUNG

DEBORAH MOXLEY TURNER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

	any hours	and	a dir	recto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DR HENRY F SEARS MEMBER	0.00	Х						0	0	0
VALERIE SHEPPARD MEMBER	0.00	Х						0	0	0
RALPH SNYDERMAN	1.00									

VALERIE SHEPPARD	1.00	v			0	,
MEMBER	0.00	^			١	
RALPH SNYDERMAN	1.00					
	•••••	Х			0	C
MEMBER	0.00					
DARYL L SWANSTROM	1.00					
	•••••	Χ			0	C
MEMBER	0.00					

1.00

0.00

0.00 1.00

0.00 1.00

0.00 1.00

1.00

0.00

.

.

......

Χ

Χ

Х

Χ

Χ

Χ

0

0

0

0

0

0

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493133012231
SCI		ULE A	Dublic (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
(Form 990 or 990EZ)			Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie Service ne organiza N COLLEGE	tion				Employer identific	ation number
WASII	1110101	COLLEGE					52-0591691	
	rt I		for Public Charity Statu				See instructions.	
1 1	rganiz		a private foundation because onvention of churches, or as	•			(A)(:)	
		,	,					
2	✓		scribed in section 170(b)(,	, ,		
3		·	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.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6			tate, or local government or	-				
7			ation that normally receives a receive a r		s support from a	governmental u	nit or from the genera	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: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	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	ee section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	lescribed in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A s organization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated integrated. The organization (s). You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization received or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter				-		<u> </u>	
g			ing information about the su	······································	т'			
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9	

Schedule A (Form 990 or 990-EZ) 2019

Page 2

	If the organization failed	to qualify unde	r the tests listed	below, please c	omplete Part III	.)	
S	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	21,421,797	20,884,007	24,110,148	17,278,716	25,655,671	109,350,339
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						
4	Total. Add lines 1 through 3	21,421,797	20,884,007	24,110,148	17,278,716	25,655,671	109,350,339
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						7,624,948
6	(f) Public support. Subtract line 5						
U	from line 4.						101,725,391
S	ection B. Total Support		•			•	
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4	21,421,797	20,884,007	24,110,148	17,278,716	25,655,671	109,350,339
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	449,869	445,022	580,004	969,591	444,485	2,888,971
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.).	49,736	27,524	47,265	95,855	606,847	827,227
11	Total support. Add lines 7 through 10						113,066,537
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	386,013,940
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	nization,
	check this box and stop here					▶□	
S	Section C. Computation of Public Support Percentage						
14	Public support percentage for 2019 (li		_	olumn (f))		14	89.970 %
15	Public support percentage for 2018 Sc					15	84.210 %
	33 1/3% support test—2019. If the	organization did r	ot check the box o	n line 13, and line	e 14 is 33 1/3% or	more, check this b	
	and stop here. The organization qual 33 1/3% support test—2018. If the	ifies as a publicly s	upported organizat	ion			. ▶ ☑

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

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

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

Р	art III Support Schedule for						
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)						
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

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

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

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

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

provide detail in Part VI.

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

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

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

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

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

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

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

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
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).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 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): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

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

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

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

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

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

e From 2018.

d Excess from 2018. e Excess from 2019.

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

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

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

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A. PART II, LINE 10. FUNDRAISING EVENTS - 2015 AMOUNT: \$ 49,736, 2016 AMOUNT: \$ 27,524, 2017 AMOUNT: \$ 47,265. EXPLANATION OF OTHER 2018 AMOUNT: \$ 95,855. 2019 AMOUNT: \$ 761. MISCELLANEOUS - 2015 AMOUNT: \$ 0. 2016 AMOUNT:

\$ 0. 2017 AMOUNT: \$ 0. 2018 AMOUNT: \$ 0. 2019 AMOUNT: \$ 606,086.

INCOME:

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133012231

OMB No. 1545-0047

2019

SCHEDULE D

Department of the Treasury

(Form 990)

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

► Attach to Form 990. ▶ 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>990</u> for instructi	ons ar	nd the latest info	rmation.	In	spection
	me of the organization SHINGTON COLLEGE					Employ	er identification	number
	A. 1 -1	toral toral	- J P		0::!- = :	52-0591		
Pa		intaining Donor Advis anization answered "Yes				r Accou	nts.	
					sed funds	(b)) Funds and other	accounts
1	Total number at end of year .	[
2	Aggregate value of contribution	ons to (during year)						
3	Aggregate value of grants from	m (during year)						
4	Aggregate value at end of year	ır						
5	Did the organization inform a organization's property, subje						_] Yes ☐ No
6	Did the organization inform a charitable purposes and not f private benefit?	or the benefit of the donor	or donor advisor,	or for a	any other purpose o		impermissible] v □ n.
Pai	rt II Conservation Eas						L	Yes No
1 4		anization answered "Yes	s" on Form 990,	Part I	IV, line 7.			
1	Purpose(s) of conservation ea	asements held by the organ	nization (check all t	that ap	ply).			
	Preservation of land for	public use (e.g., recreation	or education)	✓	Preservation of an	historical	ly important land	area
	Protection of natural ha	bitat		✓	Preservation of a d	ertified hi	istoric structure	
	Preservation of open sp	ace						
2	Complete lines 2a through 2c		qualified conservat	ion co	ntribution in the for	m of a co	nservation	
	easement on the last day of t	•			,		Held at the End	of the Year
а	Total number of conservation					2a		16
b	Total acreage restricted by co					2b		4.00
с	Number of conservation ease			` '	´	2c		8
d	Number of conservation eases structure listed in the Nationa		red after //25/06,	and no	ot on a nistoric	2d		4
3	Number of conservation ease tax year ▶	ments modified, transferre	d, released, exting	uished	, or terminated by	the organ	ization during the	
4	Number of states where prop	erty subject to conservation	n easement is loca	ted ►		1		
5	Does the organization have a	written policy regarding th	e periodic monitor	ing, in:	spection, handling	of violation	ns,	
	and enforcement of the conse	ervation easements it holds	?				✓ Yes	□ No
6	Staff and volunteer hours dev	voted to monitoring, inspec	ting, handling of v	iolation	ns, and enforcing co	onservatio	n easements duri	ng the year
7	Amount of expenses incurred ► \$	in monitoring, inspecting,	handling of violation	ons, an	d enforcing conser	vation eas	sements during th	e year
8	Does each conservation ease and section 170(h)(4)(B)(ii)?					70(h)(4)(E	B)(i) ☑ Yes	□ No
9	In Part XIII, describe how the balance sheet, and include, if the organization's accounting	applicable, the text of the	footnote to the org					
Par		intaining Collections anization answered "Yes				er Simil	ar Assets.	
1a	If the organization elected, as art, historical treasures, or of provide, in Part XIII, the text	her similar assets held for	public exhibition, e	ducati	on, or research in f			
b	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:							
	(i) Revenue included on Form 9							
(i	ii)Assets included in Form 990,	Part X				🕨	\$	
2	If the organization received of following amounts required to	r held works of art, historic	al treasures, or ot	her sin	nilar assets for fina		•	
а	Revenue included on Form 99	90, Part VIII, line 1				🕨	▶ \$	
b	Assets included in Form 990,						> \$	
For I	Paperwork Reduction Act No	otice, see the Instruction	s for Form 990.		Cat. No.	52283D	Schedule D (F	orm 990) 2019

d Equipment .

e Other .

Sche	dule D	(Form 990) 2019									Page 2
Par	t IIII	Organizations M	aintaining Collections o	f Art, Histori	cal Tr	easures,	or Other S	Similar Asse	e ts (conti	nued)	
3		g the organization's acq s (check all that apply):	uisition, accession, and other :	records, check	any of t	he followir	ng that are a	significant use	of its coll	ection	
а	✓	Public exhibition		d		Loan or ex	change progi	ams			
b	✓	Scholarly research		е		Other					
С		Preservation for future	e generations								
4	Provi Part		organization's collections and	explain how the	ey furth	er the orga	anization's ex	empt purpose	in		
5		<i>,</i> , ,	anization solicit or receive do nds rather than to be maintai	•				_	Yes	☑ N	о
Pai	rt IV		codial Arrangements. ganization answered "Yes	" on Form 990	, Part 1	IV, line 9	, or reporte	d an amount	on Form	990,	Part
1a			t, trustee, custodian or other X?					_	Yes	□ N	0
b	If "Y	es," explain the arrange	ement in Part XIII and comple	ete the following	table:			Amo	ount		_
С	Begir	nning balance					1c				_
d	_	_					1d				_
е			r				1e				_
f							1f				_
2a		-	an amount on Form 990, Par				al account lial	hilitura F	7 v	□ N	_
		_	,	,				· -	_	⊔М	0
b			ement in Part XIII. Check here	e if the explanat	on has	been prov	ided in Part X	ш ∟			
·e	rt V	Endowment Fund Complete if the or	as. ganization answered "Yes'	" on Form 990	Part 1	[V line 1	Λ				
		Complete if the or	(a) Currer		rior year			(d) Three years	back (e) F	our yea	rs back
1 a	Beginr	ning of year balance .			232,154,		217,575,352	198,135			240,520
b	Contri	butions	5	,631,681	5,575,	749	8,253,377	9,559	,010	11,6	535,309
С	Net in	vestment earnings, gair	ns, and losses 5	,902,540	11,813,	731	18,765,781	20,228	3,586	-7,6	582,919
d	Grants	s or scholarships	. 7	,141,988	9,853,	952	7,610,194	5,815	5,564	5,	771,738
		expenditures for facilities	es								
	and pr	rograms	6	,037,918	3,004,	511	4,830,024	4,532	2,100	4,2	285,752
f	Admin	istrative expenses .									
g	End of	f year balance	235	,039,624	236,685,	309	232,154,292	217,575	5,352	198,	135,420
2	Provi	ide the estimated perce	ntage of the current year end	l balance (line 1	g, colum	nn (a)) hel	d as:				
а	Boar	d designated or quasi-e	endowment ► 2.940 %								
b	Perm	nanent endowment 🟲	71.040 %								
С	Temi	 porarily restricted endov	wment ▶ 26.020 %								
Ĭ			, 2b, and 2c should equal 100	0%.							
3а	Are t	,	not in the possession of the		t are he	ld and adr	ninistered for	the		Yes	No
	(i) u	inrelated organizations							3a(i)		No
	(ii) r	related organizations .							3a(ii)		No
b		_	lated organizations listed as r	equired on Sche	dule R?				3b		
4	Desc	cribe in Part XIII the inte	ended uses of the organizatio	n's endowment i	unds.						
Pa	rt VI									_	
	Descri		ganization answered "Yes" (a) Cost or other basis	" on Form 990 (b) Cost or other			1a. See For Accumulated de			O. ook valu	
	Descr	ription of property	(a) Cost or other basis (investment)	(b) Cost or other	nasis (01	iner) (c)	Accumulated de	spreciation	(a) Bo	ock valui	 -
1 a	Land				20,682	2,233				20	,682,233
b	Buildir	ngs			243,67	1,425		95,586,639		148	,084,786
c	Leasel	hold improvements									
d	Equipr	ment			35,304	1,858		23,497,988		11	,806,870

378,605

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

378,605

Comp	Description of security or category	(b) Book value	(c) Metho	d of valuation:	
	(including name of security)	(b) book value	Cost or end-of	d of valuation: -year market v	alue
(1) Financial deriva(2) Closely-held eq					
(3) Other (A) HEDGE FUNDS		53,993,835		С	
(B) REAL ESTATE		7,504,058		С	
(C) LIMITED PARTN	ERSHIPS	22,038,321		С	
(D)					
(E)					
(F)					
(G)					
(H)					
	st equal Form 990, Part X, col. (B) line 12.) estments—Program Related.	83,536,214			
	plete if the organization answered 'Yes' on F (a) Description of investment	Form 990, Part IV, line 1	1c. See Form 990, (b) Book value		
	(a) Description of Investment		(b) Book Value	Cost or end-	of valuation: of-year market alue
(1)			<u> </u>		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
			1	İ	
(9)					
	ist equal Form 990, Part X, col.(B) line 13.)		•		
Total. (Column (b) mu	r Assets.	orm 990. Part IV. line 1:	•	t X. line 15.	
Part IX Othe			•		Book value
Part IX Othe Comp	r Assets. Dete if the organization answered 'Yes' on F		•		Book value
Part IX Othe Comp (1)	r Assets. Dete if the organization answered 'Yes' on F		•		Book value
Part IX Othe Comp (1) (2)	r Assets. Dete if the organization answered 'Yes' on F		•		Book value
Part IX Othe Comp (1) (2)	r Assets. Dete if the organization answered 'Yes' on F		•		Book value
Part IX Othe Comp (1) (2) (3)	r Assets. Dete if the organization answered 'Yes' on F		•		Book value
(1) (2) (3) (4) (5)	r Assets. Dete if the organization answered 'Yes' on F		•		Book value
(1) (2) (3) (4) (5)	r Assets. olete if the organization answered 'Yes' on F		•		Book value
(1) (2) (3) (4) (5) (6)	r Assets. olete if the organization answered 'Yes' on F		•		Book value
(1) (2) (3) (4) (5) (6) (7)	r Assets. olete if the organization answered 'Yes' on F		•		Book value
Total. (Column (b) mu Part IX Othe Comp (1) (2) (3) (4) (5) (6) (7) (8) (9)	r Assets. Diete if the organization answered 'Yes' on F (a) Description (b) Description (c) Description (d) Description		•		Book value
Total. (Column (b) mu Part IX Othe Comp (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe	must equal Form 990, Part X, col.(B) line 15.) r Liabilities. Determine the organization answered 'Yes' on Facility of the organization answered 'Yes' on Facility of Facili	orm 990, Part IV, line 1:	Id. See Form 990, Pa	(b)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe Comp	must equal Form 990, Part X, col.(B) line 15.) r Liabilities. olete if the organization answered 'Yes' on F. (a) Description	orm 990, Part IV, line 1:	Id. See Form 990, Pa	(b)	
Total. (Column (b) mu Part IX Othe Comp (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe Comp 1. (1) Federal income	must equal Form 990, Part X, col.(B) line 15.) r Liabilities. lete if the organization answered 'Yes' on F. (a) Description of litaxes	orm 990, Part IV, line 1:	Id. See Form 990, Pa	990, Part X, (b) Book value	
Total. (Column (b) mu Part IX Othe Comp (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe Comp 1. (1) Federal income (2) FUNDS HELD FO	must equal Form 990, Part X, col.(B) line 15.) r Liabilities. Detection of the organization answered 'Yes' on Financial (a) Description of the organization answered the organization of the organization organization of the organization of the organization of the org	orm 990, Part IV, line 1:	Id. See Form 990, Pa	(b) 990, Part X, (b) Book	
Total. (Column (b) mu Part IX Othe Comp (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe Comp 1. (1) Federal income (2) FUNDS HELD FO (3) ANNUITIES PAY (4) INTEREST RATE	must equal Form 990, Part X, col.(B) line 15.) r Liabilities. Dete if the organization answered 'Yes' on F. (a) Description (b) Description of line taxes OR OTHERS ABLE	orm 990, Part IV, line 1:	Id. See Form 990, Pa	990, Part X, (b) Book value	
Total. (Column (b) mu Part IX Othe Comp (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe Comp 1. (1) Federal income (2) FUNDS HELD FO (3) ANNUITIES PAY (4) INTEREST RATE (5)	must equal Form 990, Part X, col.(B) line 15.) r Liabilities. Dete if the organization answered 'Yes' on F. (a) Description (b) Description of line taxes OR OTHERS ABLE	orm 990, Part IV, line 1:	Id. See Form 990, Pa	990, Part X, (b) Book value 797,528 503,320	
Total. (Column (b) mu Part IX Othe Comp (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe Comp 1. (1) Federal income (2) FUNDS HELD FO (3) ANNUITIES PAY (4) INTEREST RATE (5) (6)	must equal Form 990, Part X, col.(B) line 15.) r Liabilities. Dete if the organization answered 'Yes' on F. (a) Description (b) Description of line taxes OR OTHERS ABLE	orm 990, Part IV, line 1:	Id. See Form 990, Pa	990, Part X, (b) Book value 797,528 503,320	
Total. (Column (b) mu Part IX Othe Comp (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe Comp 1. (1) Federal income (2) FUNDS HELD FO (3) ANNUITIES PAY (4) INTEREST RATE (5) (6) (7)	must equal Form 990, Part X, col.(B) line 15.) r Liabilities. Dete if the organization answered 'Yes' on F. (a) Description (b) Description of line taxes OR OTHERS ABLE	orm 990, Part IV, line 1:	Id. See Form 990, Pa	990, Part X, (b) Book value 797,528 503,320	
Total. (Column (b) mu Part IX Othe Comp (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe Comp 1. (1) Federal income (2) FUNDS HELD FO (3) ANNUITIES PAY (4) INTEREST RATE (5) (6) (7) (8)	must equal Form 990, Part X, col.(B) line 15.) r Liabilities. Dete if the organization answered 'Yes' on F. (a) Description (b) Description of line taxes OR OTHERS ABLE	orm 990, Part IV, line 1:	Id. See Form 990, Pa	990, Part X, (b) Book value 797,528 503,320	
Total. (Column (b) mu Part IX Othe Comp (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe Comp 1. (1) Federal income (2) FUNDS HELD FO (3) ANNUITIES PAY. (4) INTEREST RATE (5) (6) (7) (8) (9)	must equal Form 990, Part X, col.(B) line 15.) r Liabilities. Dete if the organization answered 'Yes' on F. (a) Description (b) Description of line taxes OR OTHERS ABLE	orm 990, Part IV, line 1:	Id. See Form 990, Pa	990, Part X, (b) Book value 797,528 503,320	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) Part X Othe Comp 1. (1) Federal income (2) FUNDS HELD FO (3) ANNUITIES PAY (4) INTEREST RATE (5) (6) (7) (8) (9) (10)	must equal Form 990, Part X, col.(B) line 15.) r Liabilities. Dete if the organization answered 'Yes' on F. (a) Description (b) Description of line taxes OR OTHERS ABLE	orm 990, Part IV, line 1:	Ld. See Form 990, Pa	990, Part X, (b) Book value 797,528 503,320	

Part XI

2

а

b

3

4

b

C

Part XII

5

1

2

b

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

-36,620,403

102,148,263

704,035

102,852,298

63,763,053

761

63,762,292

33,789,431

97.551.723

Schedule D (Form 990) 2019

Add lines 4a and 4b .

Net unrealized gains (losses) on investments
Donated services and use of facilities
Recoveries of prior year grants
Other (Describe in Part XIII.)
Add lines 2a through 2d
Subtract line 2e from line 1
Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total expenses and losses per audited financial statements

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

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

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

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

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

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

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

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

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

Supplemental Information

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

Donated services and use of facilities . . .

Prior year adjustments

Other losses

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

Other (Describe in Part XIII.) . .

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

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

-439.165

-36,181,238

761

704,796

33,084,635

1

2e

3

4c

5

es 2a through 2d				2e	
t line 2e from line 1				3	
s included on Form 990, Part VIII, line 12, but not on line 1:					
nent expenses not included on Form 990, Part VIII, line 7b	4a		704,796		
Describe in Part XIII.)	4b		-761		
es 4a and 4b				4c	
venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		 		5	
Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			nses per R	leturi	1.
menses and losses per audited financial statements		 		1	

chedule D (Form 990) 2019		
Part XIII Supplemental Information (continued)		
Return Reference		Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 52-0591691

Name: WASHINGTON COLLEGE

Supplemental Information Return Reference

Explanation

PART II, LINE 9: CONSERVATION EASEMENTS WASHINGTON COLLEGE HAS NOT REPORTED EASEMENTS IN THE FINANCIAL STAT EMENTS. TWO BUILDINGS WERE PURCHASED AND BOOKED AT COST AND THESE HAVE WRITTEN EASEMENTS 0 N THEM. NINE BUILDINGS FALL WITHIN THE CHESTERTOWN, MARYLAND HISTORIC DISTRICT, WHICH REGU LATES THEIR EXTERIOR APPEARANCE, FIGHT OF THESE BUILDINGS ARE DEEMED HISTORICAL BY THE STA TE OF MARYLAND AND EXTERIORS MUST BE APPROVED FOR MODIFICATIONS. HYNSON RINGGOLD HOUSE EAS EMENTS INCLUDES THE INTERIOR MOLDINGS. HYNSON RINGGOLD AND CUSTOM HOUSE(S) EASEMENTS **INCLU** DE THE INTERIORS.

Supplemental Information						
Return Reference	Explanation					
PART III, LINE 4:	DESCRIPTION OF ORGANIZATION'S COLLECTIONS WASHINGTON COLLEGE HOLDS A SIGNIFICANT PLACE IN THE HISTORY OF AMERICAN HIGHER EDUCATION. OUR HERITAGE AS THE FIRST COLLEGE OF THE NEW NAT ION LIVES TODAY IN OUR COMMITMENT TO EDUCATING CONFIDENT CITIZENS AND LEADERS CAPABLE OF A DVANCING THE DEMOCRATIC AND CIVIC TRADITIONS OF THE FOUNDING FATHERS. THE COLLEGE HAS NUME ROUS WORKS OF ART, MUSIC AND HISTORY THAT ARE USED OR VIEWED DAILY IN OUR COMMITMENT TO ED UCATION.					

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	INTENDED USES OF ENDOWMENT FUNDS THE ENDOWMENT FUND OF WASHINGTON COLLEGE IS INVESTED TO P
	ROVIDE AN ANNUAL 5% (3 YR ROLLING AVERAGE) RETURN TO BE USED FOR SCHOLARSHIPS, BUILDING MA INTENANCE, PROGRAM ENHANCEMENTS, CHAIR SALARY SUPPLEMENTS, ATHLETIC SUPPORT, BOOKS, AND ED UCATIONAL PRIZES.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	FIN 48 FOOTNOTE (ASC 740) UNDER PROVISIONS OF THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND APPLICABLE INCOME TAX REGULATIONS OF THE STATE OF MARYLAND, THE COLLEGE IS EXEMPT FROM TAXES ON INCOME, OTHER THAN UNRELATED BUSINESS INCOME. UNDER PROVISIONS OF THE INTERNAL R EVENUE CODE SECTION 501(C)(3) AND APPLICABLE INCOME TAX REGULATIONS OF THE STATE OF MARYLA ND, THE COLLEGE IS EXEMPT FROM TAXES ON INCOME, OTHER THAN UNRELATED BUSINESS INCOME. THE COLLEGE RECOGNIZES OR DERECOGNIZES A TAX POSITION BASED ON A "MORE LIKELY THAN NOT" THRESH OLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE COLLEGE DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENTS -20,404. CHANGE IN FMV OF INTEREST RATE SWAP -3,076,199. GRANTS, SCHOLARSHIPS, AND OTHER TUITION DISCOUNTS -33,084,635.

upplemental Information							
Return Reference	Explanation						
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RECLASS OF SPECIAL EVENT EXPENSES -761.						

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RECLASS OF SPECIAL EVENT EXPENSES 761.						

upplemental Information						
Return Reference	Explanation					
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANTS, SCHOLARSHIPS AND OTHER TUITION DISCOUNTS 33,084,635.					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133012231 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** WASHINGTON COLLEGE 52-0591691 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

edule E (Form 990 or 990EZ) (2019)						
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.						
Return Reference Explanation						
SCHEDULE E, PART I, LINE 3	THE RACIALLY NONDISCRIMINATORY POLICY IS PROVIDED IN THE STUDENT HANDBOOK, THE FACULTY HANDBOOK, THE STAFF HANDBOOK, THE COLLEGE CATALOG, AND ON THE COLLEGE'S WEBSITE.					
SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES ANNUAL GRANTS FROM FEDERAL, STATE AND LOCAL AGENCIES.					

Schedule F (Form 990 or 990-F7) (2019)

efile GRAPHIC print -	DO NOT F	PROCESS	As Filed Data	-	DLN	: 93493133012231
SCHEDULE F (Form 990)	State	ment of	Activities	Outside the Un	ited States	OMB No. 1545-0047
		ete if the organ	2019			
Department of the Treasury	•	Go to www.irs.	nformation.	Open to Public Inspection		
Name of the organization					Employer ide	ntification number
WASHINGTON COLLEGE					52-0591691	
General Inf Form 990, Po			s Outside the l	United States. Comple	ete if the organization	answered "Yes" on
1 For grantmakers.	Does the or	ganization ma	intain records to	substantiate the amoun	t of its grants and	
other assistance, the	e grantees'	eligibility for t	he grants or assi	stance, and the selectior	riteria used	
to award the grants	or assistant	ce?				☑ Yes 🗌 No
2 For grantmakers. outside the United S		Part V the org	janization's proce	edures for monitoring the	use of its grants and o	ther assistance
3 Activites per Region.	(The followin	g Part I, line 3	table can be dupli	icated 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)	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region	a (f) Total expenditures for and investments in the region
See Add'l Data						
3a Sub-total			0 0)		1,147,626
b Total from continuation Part I	n sheets to					
Part I . c Totals (add lines 3a a	nd 3b)		0 0	1		3,634,707 4,782,333
C I Julia Laud III es Ja a	na Ju)		<u> </u>	4		7,702,333

Part III can be du				(-) M	(6) A 6	(-) Description	(I-) Mathadas
Гуре 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							

Sched	dule F (Form 990) 2019		Page 4
Par	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)		
	· ·	✓ 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

Schedule F	(Form 990) 2019 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 Sche Return Reference	dule F, Supplemental Information Explanation
PART I, LINE 2:	PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S. WASHINGTON COLLEGE AWARDED \$1,158,521 IN SCHOLARSHIPS

TO FULL-TIME TUITION CHARGES, GRANT AND SCHOLARSHIP ASSISTANCE IN EXCESS OF TUITION IS THEN APPLIED TO DIRECT COLLEGE CHARGES FOR FEES. AND ON CAMPUS ROOM AND BOARD. THE FEDERAL GOVERNMENT MAKES FFELP FUNDS AVAILABLE TO UNDERGRADUATE STUDENTS TO ATTEND POST-SECONDARY INSTITUTIONS. ELIGIBILITY IS BASED ON FINANCIAL NEED, AND APPLICATION IS THROUGH THE NORMAL FINANCIAL AID APPLICATION PROCESS OF WASHINGTON COLLEGE.

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

990 Schedule F, Supplemental Information

Reference	
PART IV:	FOREIGN FORMS WASHINGTON COLLEGE INVESTS IN DOMESTIC AND FOREIGN INVESTMENT VEHICLES THAT MAY OWN AN INTEREST
	IN A FOREIGN CORPORATION PASSIVE FOREIGN INVESTMENT COMPANY OR FOREIGN PARTNERSHIP NEVERTHELESS WASHINGTON.

SUCH A FORM WAS COMPLETED. IT HAS BEEN FILED WITH WASHINGTON COLLEGE'S FORM 990-T.

Explanation

COLLEGE'S ACTIVITIES MAY NOT REACH THE THRESHOLDS REQUIRED FOR FILING THE FORMS 926, 5471, 8621 OR 8865. TO THE EXTENT

Return

Additional Data

EUROPE (INCLUDING ICELAND

& GREENLAND)

Software ID: Software Version:

EIN: 52-0591691

Name: WASHINGTON COLLEGE

268,148

orm 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		372,453			

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) MIDDLE EAST AND NORTH 0 IGRANTMAKING 142.911 **AFRICA** 0 IGRANTMAKING 117,754 SOUTH AMERICA

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 IGRANTMAKING 105,608 SUB-SAHARAN AFRICA 0 IGRANTMAKING 61,000

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) RUSSIA AND NEIGHBORING 0 IGRANTMAKING 49,752 STATES 0 IGRANTMAKING 30,000 NORTH AMERICA

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) CENTRAL AMERICA AND THE 0 GRANTMAKING 10,895 CARIBBEAN CENTRAL AMERICA AND THE 0 INVESTMENTS 1,320,213 CARIBBEAN

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) 0 INVESTMENTS 1,840,449 NORTH AMERICA EUROPE (INCLUDING ICELAND 0 INVESTMENTS 463,150 & GREENLAND)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
GRANTS AND SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	55	372,453	ACCT. CREDIT					
COLICI ADCLITEC	EUROPE (INCLUDING ICELAND AND GREENLAND)	23	268,148	ACCT. CREDIT					

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	15	142,911	ACCT. CREDIT					
GRANTS AND SCHOLARSHIPS	SOUTH AMERICA	13	117,754	ACCT. CREDIT					

orm 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
GRANTS AND SCHOLARSHIPS	SOUTH ASIA	13	105,608	ACCT. CREDIT						
COLLOLABOLITEC	SUB-SAHARAN AFRICA	7	61,000	ACCT. CREDIT						

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
GRANTS AND SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES	4	49,752	ACCT. CREDIT						
GRANTS AND SCHOLARSHIPS	NORTH AMERICA	2	30,000	ACCT. CREDIT						

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 (f) Amount of (a) Description of (h) Method of assistance cash grant cash disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) **GRANTS AND** 10,895 ACCT, CREDIT **ICENTRAL** SCHOLARSHIPS AMERICA AND THE CARIBBEAN

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133012231 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization WASHINGTON COLLEGE 52-0591691 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

	t II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$5		gross income on Form	n 990-EZ, lines 1 and 6	b. 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))
e l					
Revenue					
	1 Gross receipts	34,033			34,033
	2 Less: Contributions	33,272			33,272
\perp	3 Gross income (line 1 minus line 2)	761			761
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
<u>\$</u>	7 Food and beverages				
ថ្ង	8 Entertainment				
_	9 Other direct expenses	761			76:
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)			761
	11 Net income summary. Subtract line 10 Gaming. Complete if the organization.			>	(
-611	Gaming. Complete if the organization form 990-EZ, line 6a.	anizacion answered re	S OII FOI III 990, Part I		more than \$15,000
Reverkie		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
&	1 Gross revenue				
S	2 Cash prizes				
ěd	3 Noncash prizes				
Direct Expense	4 Rent/facility costs				
<u>ة</u>	5 Other direct expenses				
		☐ Yes%	☐ Yes %	☐ Yes <u>%</u>	
	6 Volunteer labor	□ No	☐ No	□ No	
	7 Direct expense summary. Add lines 2 t	through 5 in column (d)			
	8 Net gaming income summary. Subtrac	t line 7 from line 1, columi	n (d)	•	
9 a	Enter the state(s) in which the organization licensed to conduct ga				
b	If "No," explain:				

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		·∏yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	t	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

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

Schedule I | Content of the select landscape mode (21" x 8.5") when printing.

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

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

OMB No. 1545-0047

DLN: 93493133012231

2019

Open to Public Inspection

Freasury Internal Revenue Service		► Go to g	<u>www.irs.gov/Form990</u> fo	r the latest informati	on.		Inspection
Name of the organization	_					Employer iden	tification number
WASHINGTON COLLEGE	=					52-0591691	
Part I General	Information on G	rants and Assistance					
Does the organiz the selection crite	ation maintain records eria used to award the	to substantiate the amount grants or assistance?	of the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ No
_	-	_	e use of grant funds in the U				
			s and Domestic Governm additional space is needed.	ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV,	line 21, for any recipient
(a) Name and addr organization or governmen		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
			ons listed in the line 1 table				

(Form 990)

Department of the

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

PART I, LINE 2:

Return Reference

(2) GRANTS AND SCHOLARSHIPS

Schedule I (Form 990) 2019

(e) Method of valuation (book,

FMV, appraisal, other)

Page **2**

(f) Description of noncash assistance

Schedule I (Form 990) 2019

Explanation

COLLEGE.

Part III can be duplicated if additional space is needed.

(b) Number of recipients

14

957

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

(c) Amount of

cash grant

781.916

31,144,198

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

(d) Amount of

noncash assistance

PROCEDURE FOR MONITORING USE OF GRANTS FUNDS INSIDE U.S. WASHINGTON COLLEGE AWARDED \$31,144,198 IN SCHOLARSHIPS FOR 6/30/20. WASHINGTON COLLEGE OFFERS SEVERAL TYPES OF FINANCIAL AID TO HELP OUALIFIED FULL-TIME UNDERGRADUATE STUDENTS MEET THEIR COLLEGE EXPENSES. COLLEGE-SPONSORED TUITION SCHOLARSHIPS, TUITION GRANTS, AND WORK/STUDY ARE AVAILABLE TO FULL-TIME UNDERGRADUATE STUDENTS WHO DEMONSTRATE FINANCIAL NEED AND WHO MEET THE COLLEGE'S ADMISSION CRITERIA. IN ADDITION TO COLLEGE-SPONSORED FINANCIAL AID, ELIGIBLE STUDENTS CAN RECEIVE ASSISTANCE FROM FEDERAL. STATE, AND INDEPENDENT AID PROGRAMS, GRANT AND SCHOLARSHIP ASSISTANCE FROM ALL SOURCES IS FIRST APPLIED TO FULL-TIME TUITION CHARGES. GRANT AND SCHOLARSHIP ASSISTANCE IN EXCESS OF TUITION IS THEN APPLIED TO DIRECT COLLEGE CHARGES FOR FEES, AND ON CAMPUS ROOM AND BOARD. THE FEDERAL GOVERNMENT MAKES FFELP FUNDS AVAILABLE TO UNDERGRADUATE STUDENTS TO ATTEND POST-SECONDARY INSTITUTIONS, ELIGIBILITY IS BASED ON FINANCIAL NEED, AND APPLICATION IS THROUGH THE NORMAL FINANCIAL AID APPLICATION PROCESS OF WASHINGTON

efil	le GRAPHIC p	rint - DO NOT PROCESS	As Filed Data	a - DLN	N: 9349313	33012	2231	
	nedule J	Co	mpensati	ion Information	OMB No.	1545-	0047	
(Fori	m 990)	For certain Office ▶ Complete if the org	20	2019				
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		to Form 990. instructions and the latest information.		pen to Public Inspection		
Nar	me of the organiz			Employer iden				
WAS	SHINGTON COLLEGE			52-0591691				
Pa	rt I Questi	ons Regarding Compensat	tion	102 000200				
						Yes	No	
1a				the following to or for a person listed on Form y relevant information regarding these items.				
	First-class	s or charter travel	left	Housing allowance or residence for personal use				
	Travel for	companions		Payments for business use of personal residence				
		nification and gross-up payments		Health or social club dues or initiation fees				
	Discretion	nary spending account	\checkmark	Personal services (e.g., maid, chauffeur, chef)				
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	1b	Yes		
2				or allowing expenses incurred by all	2	Yes		
	directors, truste	ees, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Line 1a?				
3	Indicate which,	if any, of the following the filing	organization use	ed to establish the compensation of the				
	organization's C	EO/Executive Director. Check all	that apply. Do r	not check any boxes for methods				
	used by a relate	ed organization to establish comp	ensation of the (CEO/Executive Director, but explain in Part III.				
	✓ Compens	ation committee		Written employment contract				
	✓ Independ	ent compensation consultant	✓	Compensation survey or study				
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensation committee				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the filing organization	n or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .		4a		No	
b		r receive payment from, a supple			. 4b		No	
С			•	nsation arrangement?	. 4c		No	
	If "Yes" to any	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part III.				
), 501(c)(4), and 501(c)(29)	_	•				
5		ed on Form 990, Part VII, Section on tingent on the revenues of:		the organization pay or accrue any				
а	-	n?			5a		No	
b		anization?			5b		No	
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organizatio	n?			6a		No	
b	Any related org	anization?			6b		No	
	If "Yes," on line	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III	7		No	
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe · · · · · · · · · · · · · · · · · · ·	8	Vac		
9	If "Yes" on line	8, did the organization also follow	w the rebuttable	presumption procedure described in Regulations sect		Yes		
For F	Panerwork Redi	uction Act Notice, see the Inst	tructions for Fo	orm 990. Cat. No. 50053T Sche	dule J (Forn	1 990)	2019	

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

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compensation 0. Part VII.	n from the organization	n on row (i) and fro	om related organiza	tions, described i	n the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total	al amount of	Form 990, Part VII, S	ection A, line 1a, a				
(A) Name and Title	(B) B	(B) Breakdown of W-2 and/or 1099-MISC compensation		and other	(D) Nontaxable benefits	columns	(F) Compensation in
	(i) Base compensat	e (ii) ion 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				1			

Schedule J (Form 990) 2019									
Part III Supplemental Inform	nation								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.									
Return Reference	Explanation								
	HOUSING ALLOWANCE OR RESIDENCE THE PRESIDENT OF WASHINGTON COLLEGE IS PROVIDED HOUSING AS A CONDITION OF HIS/HER EMPLOYMENT. A HOUSE IS PROVIDED ON CAMPUS FOR THE CONVENIENCE OF THE COLLEGE TO ENABLE THE PRESIDENT TO RESPOND TO EMERGENT SITUATIONS 24/7. HEALTH OR SOCIAL CLUB DUES THE PRESIDENT OF WASHINGTON COLLEGE IS REIMBURSED THE COST OF SOCIAL CLUB DUES. TO THE EXTENT THAT THE PRESIDENT USES THE CLUB FOR PERSONAL PURPOSES, THE VALUE OF THE BENEFIT IS INCLUDED IN HIS/HER TAXABLE INCOME. PERSONAL SERVICES THE PRESIDENT OF THE COLLEGE RECEIVED NOMINAL HOUSEKEEPING AND CHAUFFER SERVICES. THE PERSONAL SERVICES ARE PROVIDED AS A BUSINESS NEED. HOUSEKEEPING SERVICES ARE FOR CLEANING THE COMMON AREAS USED FOR COLLEGE BUSINESS ONLY. THE CHAUFFER SERVICES ARE PROVIDED ONLY DURING BUSINESS HOURS TO ALLOW THE PRESIDENT TO WORK ELECTRONICALLY WHILE TRAVELING, THOUGH SUCH INSTANCES ARE NOT COMMON.								
PART I, LINE 8	THE PRESIDENT FOR THE ORGANIZATION HAS AN EMPLOYMENT CONTRACT WHICH MEETS THE INITIAL CONTRACT REQUIREMENTS OF TREAS. REG. 53.4958-4T (A)(3). FURTHER, THE ORGANIZATION'S BOARD TOOK STEPS TO ENSURE THAT IT FOLLOWED PROPER PROCEDURES TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS ON ALL COMPENSATION PAID TO HIM.								

Schedule 1 (Form 990) 2019

(ii)

(i)

(i)

(i)

(i)

(ii)

(i)

(i)

(i)

157,847

165,084

157,851

139,032

145,469

131,679

124,017

5SARAH FEYERHERM

6JOHN SEIDEL

DIRECTOR, CES

7LAURA JOHNSON

8VICTOR SENSENIG

9VALERIE RICHARD

10LISA MARX

ASSOC VP FACILITES

DIRECTOR OF HEALTH SERVICES

11ADAM GOODHEART

DIRECTOR, STARR CENTER

CHIEF OF STAFF & VP PLANNING

VP FINANCE

VP STUDENT AFFAIRS

Software ID:

Software Version:

25,000

EIN: 52-0591691

Name: WASHINGTON COLLEGE

Form 990, Schedule	: J,	Part II - Officers, Di	irectors, Trustees, Ke	ey Employees, and F	lighest Compensate	d Employees			
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	2 compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
1KURT LANDGRAF PRESIDENT/MEMBER (400,000	0	7,235	28,846	ol	436,081	0	
	(ii)	0	0	o	0	0	0	0	
1SUSANNAH SUTLEY VP ADVANCEMENT &	(i)	218,583	0	19,895	35,875	21,043	295,396	0	
ALUMNI	(ii)	o	,	,	0	,	0	0	
2MARK HAMPTON EXECUTIVE VP (THRU	(i)	220,933	0	7,473	38,538	14,194	281,138	0	
09/2019)	(ii)	0	ا م	اا	0	ا م	0	0	
3PATRICE DIQUINZIO PROVOST & DEAN	(i)	200,545	0	10,572	40,000	8,844	259,961	0	
	(ii)	o	0	ا ا	0	0	0	0	
4LORNA HUNTER VP ENROLLMENT	(i)	206,888	0	8,530	15,023	13,483	243,924	0	

8,261

8,573

8,115

5,015

1,923

4,130

5,750

36,925

37,750

25,285

35,985

22,140

29,128

22,056

8,484

15,199

22,123

22,393

8,724

3,359

8,611

236,517

226,606

213,374

202,425

178,256

168,296

160,434

0

0

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** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

OMB No. 1545-0047

Open to Public

DLN: 93493133012231

▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** WASHINGTON COLLEGE 52-0591691 Part I **Bond Issues** (c) CUSIP # (b) Issuer EIN (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 No TOWN OF CHESTERTOWN Χ Χ 52-6000783 07-20-2013 57,684,000 REFUND 2009 AND 2010 BONDS Χ MARYLAND TOWN OF CHESTERTOWN 52-6000783 11-24-2015 20,206,000 CAPITAL CONSTRUCTION Χ Χ MARYLAND Part ${f I}$ **Proceeds** В C D 9,724,000 825,000 2 3 57,684,000 20,206,000 5 6 7 369,000 208,134 8 9 10 19,997,866 11 57,315,000 12 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ bonds (or, if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ Has the final allocation of proceeds been made? Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Х **Private Business Use** Part III C Α D

Yes

explanations, and any additional information in Part VI.

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

2

Yes

No

Χ

Χ

Yes

No

No

Χ

Х

No

Yes

Schedule K (Form 990) 2019

6

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2019

No

Yes

В C D Α Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Х Χ If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

3.260 %

3.260 %

Х

Х

Yes

C

No

Χ

Χ

В

Yes

Χ

Χ

No

Χ

Χ

Χ

Χ

Χ

Χ

Νo

Χ

Χ

Χ

2500 0000000000 %

Χ

Χ

Α

Yes

Х

Χ

Х

RBCPNC

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

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

Exception to rebate?

Was the hedge superintegrated?

Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

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

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

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

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? . . .

	E	3	
No	Yes	No	Yes
Υ		V	

No

Yes

Yes

Χ

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

....

No

Nο

No

Yes

Page 3

No

D

D

No

Yes

Yes

DLN: 93493133012231 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** WASHINGTON COLLEGE 52-0591691 **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Method of determining Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Χ 500 ESTIMATE Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Securities-Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Oualified conservation contribution-Historic structures . . . Qualified conservation contribution-Other . Real estate—Residential Real estate—Commercial . Χ 5,277,538 APPRAISAL 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . 23 Scientific specimens . 24 Archeological artifacts . . 12,021 ESTIMATE Other ▶ (EQUIPMENT) Χ Χ 4,026 ESTIMATE 26 Other ▶ (PLANTS/LANDSCAPING) Χ AUCTION 3,000 ESTIMATE Other ▶ (ITEMS 174 COST Χ **OFFICE** Other ▶ (SUPPLIES 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 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 purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 31 Yes 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 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)	Page 2	
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.		
Return Reference	Explanation	
PART I, COLUMN (B):	NUMBER OF CONTRIBUTIONS THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).	
	Schedule M (Form 990) (2019)	

efile GRAPHIC	print - DO NOT PROCESS As Filed Data -	DLN: 93493133012231
SCHEDULE (Form 990 or 99 EZ)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	OMB No. 1545-0047 2019 Open to Public Inspection
Namel Betherofgami WASHINGTON COLLEG 990 Schedule O		ver identification number
Return Reference	Explanation	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	TO DEVELOP IN ITS STUDENTS THE HABITS OF ANALYTIC THOUGHT, AESTHETIC INSIGNED IN THE CULTURAL AND INTELLECTUAL LIFE.	GHT, IMAGINATION,

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	WASHINGTON COLLEGE CHALLENGES AND INSPIRES EMERGING CITIZEN LEADERS TO DISCOVER LIVES OF P URPOSE AND PASSION. CORE VALUES WE SHARE THESE VALUES OF OUR FOUNDING PATRON, GEORGE WASHINGTON: INTEGRITY, DETERMINATION, CURIOSITY, CIVILITY, LEADERSHIP, AND MORAL COURAGE. WE OF FER ACADEMIC RIGOR AND SELF-DISCOVERY IN A SUPPORTIVE, RESIDENTIAL COMMUNITY OF WELL-QUALIFIED, DIVERSE, AND MOTIVATED INDIVIDUALS. WE DEVELOP IN OUR STUDENTS HABITS OF ANALYTIC THOUGHT AND CLEAR COMMUNICATION, AESTHETIC INSIGHT, ETHICAL SENSITIVITY, AND CIVIC RESPONSIB ILITY. UNHURRIED CONVERSATION AND CLOSE CONNECTIONS WITH AN EXCEPTIONAL FACULTY AND STAFF COMPLEMENT A BROAD CURRICULUM OF STUDY. A BEAUTIFUL CAMPUS, READY ACCESS TO EXCITING CITIES AND THE CHESAPEAKE BAY, AND ENGAGEMENT WITH CULTURES AND COMMUNITIES LOCALLY AND AROUND THE WORLD AFFORD OUR STUDENTS AMPLE RESOURCES AND OPPORTUNITIES FOR PERSONAL EXPLORATION AND SHARED CHALLENGES. WE PREPARE OUR STUDENTS FOR RICH AND FULFILLING LIVES; FOR MYRIAD AND SHARED CHALLENGES.
	D UNPREDICTABLE OPPORTUNITIES; FOR A LIFETIME OF LEARNING, LEADERSHIP, AND PRODUCTIVE ENDE AVOR. OUR VISION THE ENDURING VALUES OF WASHINGTON COLLEGE - CRITICAL THINKING, EFFECTIVE COMMUNICATION, AND MORAL COURAGE - MOVE THE WORLD.

Return Reference	Explanation
4A,	WASHINGTON COLLEGE'S ACHIEVEMENTS INCLUDE SUCCEEDING AS AN INSTITUTION OF HIGHER EDUCATION PROMOTING HABITS OF ANALYTIC THOUGHT, AESTHETIC INSIGHT, IMAGINATION, ETHICAL SENSITIVITY AND CLARITY OF EXPRESSION WHILE SUCCESSFULLY GRADUATING STUDENTS AT A RATE OF 64% IN 4 YE ARS. THE COLLEGE ENDEAVORS TO PREPARE ITS GRADUATES FOR FURTHER EDUCATION AND PRODUCTIVE C
OF PROGRAM SERVICE:	AREERS. WITH 40 MAJORS AND ACADEMIC PROGRAMS TO CHOOSE FROM, OVER 1,550 STUDENTS CAN DEVIS E A COURSE OF STUDY THAT FITS THEIR INTELLECTUAL INTERESTS AND CAREER ASPIRATIONS. IN ADDITION TO TRADITIONAL FIELDS OF STUDY, THEY MAY CHOOSE AN AREA OF CONCENTRATION IN FIELDS SUCH AS BEHAVIORAL NEUROSCIENCE, CLINICAL PSYCHOLOGY OR EAST ASIAN STUDIES, AMONG OTHERS. THE COLLEGE ALSO OFFERS PROFESSIONAL PREPARATION TRACKS IN PREMEDICAL STUDIES AND PRE-LAW, AS WELL AS DUAL DEGREE PROGRAMS IN ENGINEERING, NURSING AND PHARMACY.

Return Reference	Explanation
	WASHINGTON COLLEGE'S RESIDENTIAL LIFE PROGRAM PROVIDES STUDENTS WITH OPPORTUNITIES AND EXP ERIENCES THAT HELP THEM TO DEVELOP RESPONSIBILITIES BOTH TO THEMSELVES AND TO THEIR FELLOW STUDENTS. IT ATTEMPTS TO PROVIDE A RELAXING AND CALM ATMOSPHERE FOR STUDY AND DAY-TO-DAY LIVING. INDEED, LIVING ON-CAMPUS IS TRULY THE "OTHER-HALF" OF A COLLEGE EDUCATION. WITH AP PROXIMATELY 27 DORMS TO CHOOSE FROM, STUDENTS HAVE CHOICES OF SINGLE, DOUBLES OR TRIPLES I N EACH ROOM/UNIT. HODSON HALL HOUSES THE DINING FACILITIES FOR WASHINGTON COLLEGE. THE MAI N DINING HALL SEATS 500 ON TWO LEVELS. STUDENTS, FACULTY AND STAFF FIND MADE-TO-ORDER MEAL S ALONG WITH SELF-SERVE OPTIONS ALLOWING FOR A CUSTOMIZED DINING EXPERIENCE. STUDENTS CHOO SE FROM FIVE MEALS PLANS WITH ADDITIONAL OPTIONS FOR MEAL EQUIVALENCIES. CASUAL DINING IS LOCATED ON THE FIRST FLOOR OF THE COMMONS. OPERATING UNTIL LATE EVENING, OPTIONS INCLUDE M ONDO SUBS, MARTHA'S KITCHEN, AND THE CAMPUS COFFEE BAR, JAVA GEORGE.

Return Reference	Explanation
4C,	WASHINGTON COLLEGE USES ITS FACILITIES DURING SUMMER MONTHS TO FACILITATE EDUCATIONAL EXPE RIENCES FOR YOUNGER K-12 STUDENTS. THESE STUDENTS ARE GIVEN AN OPPORTUNITY TO PARTICIPATE IN SUMMER CAMPS RANGING FROM SCIENCES, MATHEMATICS AND HANDS ON PROJECTS. THESE CAMPS LAST ANYWHERE FROM FOUR DAYS TO THREE WEEKS AND ARE MANAGED BY OTHER OUTSIDE NONPROFIT ORGANIZ ATIONS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 10B:	WRITTEN POLICIES FOR CHAPTERS, BRANCHES, OR AFFILIATES WASHINGTON COLLEGE CURRENTLY HAS TE N ACTIVE ALUMNI CHAPTERS OPERATING THROUGHOUT THE U.S. AND ACTIVELY SEEKS NEW GEOGRAPHIC A REAS OF INTEREST. THESE CHAPTERS ARE ORGANIZED AND SUPPORTED BY THE ALUMNI RELATIONS AND A NNUAL GIVING OFFICE STAFF IN ORDER TO STRENGTHEN CONNECTIONS BETWEEN ALUMNI AND WITH THE C OLLEGE. ALUMNI CHAPTERS HAVE AT LEAST ONE ANNUAL GATHERING FACILITATED BY VOLUNTEERS AND S TAFF WHICH IS TYPICALLY FUNDED BY THE COLLEGE'S OPERATING BUDGET. ADDITIONALLY, CHAPTERS M AY CHOOSE TO PARTAKE IN FUNDRAISING THAT BENEFITS THE COLLEGE'S MISSION AND SUPPORTS ITS A PPROVED PRIORITIES. ALL FUNDRAISING EFFORTS FLOW THROUGH THE OFFICE OF COLLEGE ADVANCEMENT

990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990 REVIEW PROCESS MANAGEMENT REVIEWS THE DRAFT OF THE 990 FOR ACCURACY AND RECONCILE.

FORM 990

PART VI,	MENT TO THE AUDITED FINANCIAL STATEMENTS. ONCE THIS REVIEW IS FINAL, A DRAFT COPY OF THE 9
SECTION B,	90 IS PROVIDED TO THE CHAIRMAN OF THE BOARD AND THE AUDIT COMMITTEE CHAIRMAN FOR REVIEW AN
LINE 11B	D COMMENTS FOR A 7 DAY PERIOD. A COPY OF THE DRAFT FORM 990 IS ALSO CIRCULATED TO THE FULL
	BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER IS PROVIDED AMPLE OPPORTU
	NITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990. AFTER APPROVAL OF THE 990, THE TA
	X PREPARER IS NOTIFIED TO FINALIZE THE RETURN FOR FILING. A FINAL 990 PRESENTATION SUMMARY
	IS PRESENTED TO ALL THE BOARD MEMBERS.
J	

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT ALL COVERED PERSONS SHALL DISCLOSE IN WRITING ANY POSSIBLE CONFLICT OF INTEREST WITH REGARD TO A PROPOSED TRANSACTION OR ARRANG EMENT, AS WELL AS ALL MATERIAL FACTS RELATED THERETO, TO THE BOARD AND TO THE APPROPRIATE BOARD COMMITTEE, IF ANY, AT THE EARLIEST PRACTICAL TIME. AFTER A POSSIBLE CONFLICT OF INTE REST HAS BEEN DISCLOSED, THE BOARD OR COMMITTEE SHALL DISCUSS AND, IF NECESSARY, INVESTIGA TE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. ULTIMATELY, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE COLLEGE CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST AND, IF SUCH ALTERNATIVE TRANSACTION OR ARRANGEMENT IS NOT FEASIBLE, WHETHER THE PROPOSED TRANSACTION OR ARRANGEMENT IS IN THE COLLEGE'S BEST INTEREST AND WILL NOT COMPROMISE OR HAVE THE APPEARANCE OF COMPROMISING THE COLLEGE'S ACADEMIC AND FISCAL INTEGRITY. THE INTERESTED PERSON SHALL REFRAIN FROM PARTICIPATING IN THE DISCUSSION CONCERNING (AND FROM VOTING ON) THE ISSUE THAT PRESENTS THE CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST, AND MAY BE ASKED TO LEAVE THE MEETING DURING DISCUSSION OF AND/OR THE VOTE ON THE ISSUE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION SINCE THE 1980S, WASHINGTON COLLEGE HAS PURSUED A BOA RD-AUTHORIZED ASPIRATION TO COMPENSATE FACULTY, ON AVERAGE, AT THE ALL-RANKS AVERAGE OF IN STITUTIONS WITH A CARNEGIBE CLASSIFICATION OF IB (PRIVATE, INDEPENDENT), IN 2012 THE BOARD REVISED THE GOAL TO COMPENSATE FACULTY ON A RANK BY RANK AVERAGE OF PRIVATE INDEPENDENT C OLLEGES. A SIMILAR STANDARD FOR STAFF WAS DEVELOPED IN 2007 IN PARTNERSHIP WITH WATSON WYA TT. ALSO IN 2012, THE COLLEGE PARTNERED WITH SIBSON TO CONDUCT A MARKET SALARY ANALYSIS OF ALL STAFF POSITIONS. AS A RESULT WE HAVE ADOPTED AND IMPLEMENTED A REVISED MARKET BASED S TAFF SALARY STRUCTURE WHICH HAS 15 PAY LEVELS AND APPLIES TO BOTH EXEMPT AND NON EXEMPT ST AFF. WASHINGTON COLLEGE HAS REVISED IT COMPENSATION PHILOSOPHY TO READ AS FOLLOWS: WASHING TON COLLEGE PROVIDES EMPLOYEES WITH A TOTAL COMPENSATION PACKAGE, COMPRISED OF BOTH SALARY AND BENEFITS, THAT RECOGNIZES AND REWARDS PERFORMANCE AND PRODUCTIVITY WHILE MAINTAINING A COMPETITIVE MARKET POSITION AND INTERNAL EQUITY. IN SUPPORT OF THE COLLEGE'S MISSION WE ENDEAVOR TO PROVIDE A LEVEL OF COMPENSATION, BOTH CASH AND BENEFITS, TO ATTRACT, MOTIVATE AND RETAIN THE QUALITY OF WORKFORCE NECESSARY FOR THE ACHIEVEMENT OF THE COLLEGE'S GOALS. THE COMPENSATION PROGRAM SHALL BE CONSISTENT, RESPONSIVE, TRANSPARENT, AND EQUITABLE. THE COLLEGE IS COMMITTED TO A MERITOCRACY. OUR PERFORMANCE MANAGEMENT PROGRAM IS DESIGNED TO INCREASE THE PERSONAL AND PROFESSIONAL EFFECTIVENESS OF OUR STAFF INCLUDING PROVIDING STAFF WITH CLEAR PERFORMANCE EXPECTATIONS AND DEVELOPMENTAL OPPORTUNITIES. WE PROVIDE LEADERS WITH THE TOOLS AND TRAINING TO ENABLE THEM TO BUILD EFFECTIVE TEAMS AND LEAD SUCCESSFULLY INCLUDING PROFORMANCE AND MAKING SOUND COMPENSATION DECISIONS. THE PHILOSOPHY IS A CCOMPLISHED BY MAINTAINING TO ENABLE THEM TO BUILD EFFECTIVE TEAMS AND LEAD SUCCESSFULLY INCLUDING PROFORMANCE AND MAKING SOUND COMPENSATION DECISIONS. THE PHILOSOPOHY IS A CCOMPLISHED BY MAINTAINING ACCURATE JOB DESCRIPTIONS ON ALL POSITIONS AND

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information

Return

Reference	Explanation
FORM 990, PART XI,	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -20,404. CHANGE IN FMV OF INTEREST RATE SWAP -3,076,199.
LINE 9:	

Evolunation

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE R
Related

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

WASHINGTON COLLEGE

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

OMB No. 1545-0047

DLN: 93493133012231

2019

Open to Public Inspection

Employer identification number

52-0591691

Part I Identification of Disregarded Entities. Complete if the	ie organization answ	ered "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 controllin entity	g	
(1) WC WATER LLC 800 WASHINGTON ST CHESTERTOWN, MD 21620 27-0886807	REAL ESTATE	MD	0	0	WC		_
(2) CHESTERTOWN RESIDENTIAL LLC 300 WASHINGTON ST CHESTERTOWN, MD 21620 26-4539355	REAL ESTATE	MD	0	0	WC		
							_
							_
Part II Identification of Related Tax-Exempt Organizations.	Complete if the org	anization answered	"Yes" on Form 990), Part IV, line 34	because it had one o	or more	_
related tax-exempt organizations during the tax year.				·			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(b ontrolled tity?
						Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990).	Cat. No. 5013	5Y		Schedule R (Forn	1990) 2	019

(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	(g) Share of end-of-year assets	Disprop		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene		(k) Percenta ownersh
			\perp		,			Yes	No		Yes	No	
Identification of Related Organ because it had one or more related						ization ans	wered "Yes	s" on F	orm 9	990, Part IV	, line	34	
(a) Name, address, and EIN of	(b) Primary activity	L do	(c) egal micile or foreign	Direct	entity (C co	(e) e of entity orp, S corp, r trust)	(f) Share of total income		(g) of end- year assets	-of- Perce owne	1) ntage ership	(13	(i) tion 5:) contr entity
related organization					"	,		1					C3
related organization			untry)		· · · · ·	,						<u>'</u>	
related organization					0	, , ,							
related organization					0								
related organization													
related organization													
related organization													
related organization													

Page **3**

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.	
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No			
1 D	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a					
b	Gift, grant, or capital contribution to related organization(s)	1 b					
c	Gift, grant, or capital contribution from related organization(s)	1c					
d	Loans or loan guarantees to or for related organization(s)	1 d					
е	Loans or loan guarantees by related organization(s)	1e					
f	Dividends from related organization(s)	1f					
g	Sale of assets to related organization(s)	1 g					
h	Purchase of assets from related organization(s)	1h					
i	Exchange of assets with related organization(s)	1 i					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k					
I	Performance of services or membership or fundraising solicitations for related organization(s)	11					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n					
О	Sharing of paid employees with related organization(s)	10					
n	Reimbursement paid to related organization(s) for expenses	1p					
P		1q					
ч	Reimbursement paid by related organization(s) for expenses	-4	\dashv				
r	Other transfer of cash or property to related organization(s)	1r					
s	Other transfer of cash or property from related organization(s)	1s					

р	Reimbursement paid to related organization(s) for expenses				1 p	
q	Reimbursement paid by related organization(s) for expenses				1q	
r	Other transfer of cash or property to related organization(s)				1r	
s	Other transfer of cash or property from related organization(s)				1s	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e including covered	relationships and tran	eaction thresholds	_	
	If the answer to any of the above is res, see the mistractions for milorination on who must complete this in	c, melaanig covered	relationships and trai	isaction thresholds.		
	The answer to any or the above is Tes, see the instructions for information on who must complete this inf	- meraamig covered	relationships and trai	isaction timesholds.		
	(a)	(b)	(c)	(d)	mount involve	
					mount involve	ed
	(a)	(b) Transaction	(c)	(d)	mount involve	ed
	(a)	(b) Transaction	(c)	(d)	mount involve	ed
	(a)	(b) Transaction	(c)	(d)	mount involve	ed

Schedule R (Form 990) 2019

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

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Form 990) 2019					
Part VII	Part VII Supplemental Information				
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).			
Return Reference		Explanation			