DLN: 93493079005399 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form 990

2017

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

-		he Treasu ie Service	► Information about Form 990					pen to Public Inspection			
A Fo	r the	2017 c	lendar year, or tax year beginning 07-0	1-2017 , and ending 06-	30-2018						
	k if app		C Name of organization WARREN WILSON COLLEGE			D Employer	ıdentıf	ication number			
	ress ch	-		56-07677	36						
	me chan Ial retur	-	Doing business as								
		erminated									
	ended r		Number and street (or P O box if mail is not delive PO BOX 9000	vered to street address) Room/s	suite	E Telephone	number				
☐ App	olication	pending				(828) 298	-3325				
			City or town, state or province, country, and ZIP ASHEVILLE, NC 288159000	or foreign postal code							
			,		_	G Gross rece		5,550,476			
			F Name and address of principal officer DR LYNN M MORTON		H(a) Is	this a group retu	rn for				
			DR ETHN PI MORTON			ıbordınates?		□Yes 🗹 No			
						re all subordinates cluded?	i	☐ Yes ☐No			
I Tax	-exemp	t status	✓ 501(c)(3)	☐ 4947(a)(1) or ☐ 527	1	"No," attach a list	(see	instructions)			
J W	ebsite	▶ WW	W WARREN-WILSON EDU		⊣ Н(с) _G	roup exemption n	umber	>			
K Form	of orga	anızatıon	Corporation Trust Association	Other ►	L Year of t	formation 1962	State	of legal domicile NC			
Pa		Sum	-	6							
			cribe the organization's mission or most sign ON OF WARREN WILSON COLLEGE IS TO PR		ERGRADUAT	E AND GRADUATE	LIBER	RAL ARTS			
e			N THAT COMBINES ACADEMICS, WORK, AND		OMMUNITY	COMMITTED TO E	NVIRC	NMENTAL			
nc	RE	:SPONS	BILITY, CROSS-CULTURAL UNDERSTANDING	, AND THE COMMON GOOD							
ma											
Governance											
			s box $ ightharpoonup$ if the organization discontinued i					1			
× 5			f voting members of the governing body (Pa	,			3	30			
Activities &			f independent voting members of the govern				5	25 1,063			
ţ.		5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)									
Ac			ber of volunteers (estimate if necessary) .				6	25			
			elated business revenue from Part VIII, colun	• • •			7a	-17,711			
	b N	et unrel	ated business taxable income from Form 990	-T, line 34	<u> </u>		7b	-17,711			
						Prior Year		Current Year			
đị.			ons and grants (Part VIII, line 1h)			6,503,83		6,471,647			
Ravenue	9 P	rogram	service revenue (Part VIII, line 2g)			29,165,22	_	26,685,878			
Rọv	10 Ir	nvestme	nt income (Part VIII, column (A), lines 3, 4, a		1,531,80	2	1,523,738				
	11 0	ther rev	enue (Part VIII, column (A), lines 5, 6d, 8c, '		1,127,55						
	12 T	otal rev	nue—add lines 8 through 11 (must equal Pa	t VIII, column (A), line 12)		38,328,41	5	35,537,966			
	13 G	rants ar	d sımılar amounts paıd (Part IX, column (A),	lines 1-3)		11,533,14	8	10,704,427			
	14 B	enefits į	aid to or for members (Part IX, column (A),	ine 4)				0			
æ	15 S	alarıes,	other compensation, employee benefits (Part	IX, column (A), lines 5-10)		17,161,63	6	15,020,727			
Expenses	16 a P	rofessio	nal fundraising fees (Part IX, column (A), line	:11e)				0			
ch e	b To	otal fundr	aising expenses (Part IX, column (D), line 25) ▶802	,405							
<u>a</u>	17 0	ther exp	enses (Part IX, column (A), lines 11a-11d, 1	1f-24e)		11,540,68	0	11,070,499			
	18 T	otal exp	enses Add lines 13–17 (must equal Part IX,	column (A), line 25)		40,235,46	4	36,795,653			
	19 R	evenue	ess expenses Subtract line 18 from line 12			-1,907,04	9	-1,257,687			
or Ses					Begin	ning of Current Yea	r	End of Year			
Net Assets or Fund Balances							_				
Ass I Ba			ets (Part X, line 16)			103,272,38	+	103,083,557			
det und			lities (Part X, line 26)			20,376,26	+	20,334,335			
			s or fund balances Subtract line 21 from line	20		82,896,12	4	82,749,222			
	t II		iture Block erjury, I declare that I have examined this re	turn including accompanyin	a schodulos	and statements	and to	the best of my			
			rjury, I declare that I have examined this re , it is true, correct, and complete Declaratio								
	nowled		. , , , , , , , , , , , , , , , , , , ,		, =						
	1	*****				2010-06-06					
c:~-		Signati	re of officer			2019-06-06 Date					
Sign Here		MORT	NI DD I VNN M EV OFFICIO DDFCIDENT OF COLLEGE								
			N DR LYNN M EX-OFFICIO PRESIDENT OF COLLEGE print name and title								
		<u>,</u>	rint/Type preparer's name Preparer's	Date	☐ PTI	TIN					
Paic	ı		MES A LEE CPA JAMES A L		2019-03-20 Check L if P005 self-employed			L			
	barer	.	rm's name CRAWLEY LEE & COMPANY PA			Firm's EIN ► 56-13	91615				
:.'~		F	rm's address ▶ PO BOX 5595			Phone no. (828) 27	1-5524				

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

ASHEVILLE, NC 288135595

Firm's address ▶ PO BOX 5595

Use Only

☑ Yes ☐ No Cat No 11282Y

Phone no (828) 274-5524

Form	990 (2	017)					Page 2
Par	t III	Statement of	Program Servic	e Accomplis	hments		
		Check of Schedule	O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly	describe the organ	nization's mission				
COM	BINES A		, AND SERVICE IN			ADUATE AND GRADUATE LIBERA TO ENVIRONMENTAL RESPONSI	
2	Dıd th	e organization und	ertake any significa	ant program ser	vices during the year wh	nich were not listed on	
	the pr	or Form 990 or 99	0-EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe these r	new services on Scl	nedule O			
3	Did th	e organization ceas	se conducting, or n	nake significant	changes in how it condu	ıcts, any program	
	service	es?					🗌 Yes 🛛 No
	If "Yes	s," describe these o	hanges on Schedu	le O			
4	Sectio)1(c)(4) organizatio	ons are required	to report the amount o	largest program services, as me f grants and allocations to other	
4a	(Code) (Expenses \$	30,812,461	including grants of \$	10,704,427) (Revenue \$	25,599,238)
	See Ad	ditional Data					
4b	(Code See Ad	ditional Data) (Expenses \$	472,062	including grants of \$) (Revenue \$	1,086,640)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		program services (ule O) uding grants of	\$) (Revenue \$)
4e	Total	program service	expenses ►	31,284,5	23		
							Form 990 (2017)

or X as applicable

Section 501(c)(3) organizations.

Form 990 (2017) Page 3 **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Yes

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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11a

11b

11c

11d

11e

11f

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12b

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Yes

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Form **990** (2017)

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Yes

Form 990 (2017)

Yes

Yes

Yes

No

Nο

Νo

No

Nο

Nο

Nο

Νo

No

Νo

Par	Checklist of Required Schedules (continued)		
		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.		

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," 25a

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔀

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

Nο 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? 25b Nο Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26

orm	990 (2017)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 281			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
L	,	2b	Yes	
D	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)		103	
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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-7a		No
	See instructions for filling requirements for fillicent form 114, Report of Foreign bank and Filliancial Accounts (FbAK)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
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		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	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			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? 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	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments "If "No," provide an explanation in Schedule O	14b		

OHIII	1 990 (2017)			Page c
Par	Tt VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	"No" respo	nse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management	<u> </u>	<u> </u>	
	section At Governing Body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	30		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	er 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervior of officers, directors or trustees, or key employees to a management company or other person? .	3 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 members of the governing body?	ore 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		No
8		by		
а	The governing body?	8 a	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 Reve	nue Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes?	i, 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e 11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	,		
	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	t		
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exem			
	status with respect to such arrangements?	16b		
	Light the Chahan with which a compact this Forms 200 to required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed	1		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on available for public inspection. Indicate how you made these available. Check all that apply	iy)		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records MARY DAVIS CONTROLLER 701 WARREN WILSON ROAD SWANNANOA, NC 28778 (828) 298-3325			

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
Check this box if neither the organization nor any related organization compensated any current officer, director, or to the compensation of the compensation for neither the organization nor any related organization compensated any current officer, director, or to the compensation for per than one box, unless person week (list any hours for related for related for related for related for related for related for the compensation compensated any current officer, director, or to the compensation for person for person is both an officer and a director/trustee) organization (W- 2/1099-MISC) (W- 2/1099-MISC)											(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

Form	1 990 (2017)													Page 8
Par	t VIII Section A. Officers, Direct	tors, Trustees	, Key آ	Empl	oye	es,	and	High	nest Co	mpensa	ted Employees	(con	tınued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an off tor/tr	t che unles ficer ruste		rson a	Rep comp fro organiz	(D) portable pensation om the ization (W- 99-MISC)		in d (W-	Estima amount of compen from organizat	ated of other sation the
·		organizations below dotted line)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former				relate		ed
See i	Additional Data Table	1												
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		<u> </u>	<u> </u>	<u></u> '	igspace	<u></u>	↓	—'	 					
			<u> </u>	<u> </u>			Щ.	<u> </u>	<u></u>					
	Sub-Total					_	>							
	Total (add lines 1b and 1c)	•					•	_	1	1,110,682				141,626
2	Total number of individuals (including of reportable compensation from the			e liste	ed at	00V€	∍) who 	rece	eived mo	ore than \$;100,000 			
I												_	Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			tee, ke		nplo	oyee, c	or his	ghest co	mpensate • •	ed employee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual	the sum of reposits greater than §	ortable (\$150,00	comp 0? <i>If</i>	ensa "Yes	ition ;," c	ı and c omplei	other te Sc	comper chedule .	nsation fro J for such	om the			
5	Did any person listed on line 1a receive			tion f	· ·		· ·	, .		-tion or ir	doubton for	4	Yes	<u> </u>
.	services rendered to the organization										.dividual foi	5		No
Se	ection B. Independent Contract			_	_	_		_					·	
1	Complete this table for your five high- from the organization Report comper	est compensate	d indepr	ender vear	nt co	ntra lina	ictors !	that	received	d more tha	an \$100,000 of co	mper	nsation	
		(A) and business addre		1			******			T	(B)		Comper	
MB H	AYNES Name a	ind Dusiness addre	:55							CONSTRU			Comper 3	9,920,153
	DEAVERVIEW RD													
-	EVILLE, NC 28806 EXO INC & AFFILIATES									FOOD SVC	C CONTRA		1	,691,815
	OX 536922 NTA GA 30322													
	NTA, GA 30322 DLINA SOLAR STRUCTURES									CONSTRU	CTION			238,269
	OP ROAD													
	EN, NC 28704 HOR STEAM POWER									BOILER RE	EPAIR			226,869
	ZALEA ROAD EAST													
-	VILLE, NC 28805 WN HENDRIX & ASSOCIATES									BUS CON	ISULTING			199,607
	BAYVIEW DRIVE													
	ISAS PASS, TX 78336 Total number of independent contractor		t l	utod !	+0 +b		الم معامرا	<u> </u>		rosawad		00 of		

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

compensation from the organization ▶ 5

		(2017)										Page 9
Part	VII											
		Check if Schedul	e O contains a	respo	onse or note to any l	(4	nis Part VIII A) evenue	Rel e> fu	(B) ated or cempt nction venue	Unre busi	C) lated ness enue	(D) Revenue excluded from tax under sections 512-514
. s	1 a	Federated campaigi	ns	1a					•			
ınts	ı	b Membership dues										
Gra		c Fundraising events	[1c								
.s.	١,	d Related organizatio	ns	1d								
Gi Ia	١,	e Government grants (co	ontributions)	1e	2,324,190							
ons, Gifts, Grants Similar Amounts		F All other contributions,	aıfts, arants,		<u>, , , </u>							
tion S		and similar amounts no above	ot included	1f	4,147,457							
tributio Other	١,	Noncash contribution	ons included		_							
Contributions, Gifts, Grants and Other Similar Amounts				129	<u>,546</u>							
Contained	h	Total. Add lines 1a-1	.f	•	•	6,	.471,647					
<u>ı</u>					Business	Code	-					
ษาน	2a	TUITION AND FEES				611710	20,6	06,170	20,606	,170		
å	b	AUXILIARY ENTERPRISE	:5			611710	4,9	93,068	4,993	,068		
Service Revenue	c	SWANNANOA GATHERIN	vi G			611600	1,0	86,640	1,086	,640		
ξī	d			•						+		
Ē	e			-						+		
Program	f	All other program se	rvice revenue									
Ĕ	g	Total. Add lines 2a-2f	f		≥ 26,6	85,878						
		Investment income (ir	ncluding divider	nds, ı	nterest, and other		1,200,917					1,200,917
		similar amounts). Income from investme	ont of the even		and proceeds		1,200,917					1,200,917
		Royalties			ond proceeds •	<u> </u>						
		ixoyanaes i i i	(ı) Real	•	(II) Personal							
	6a	Gross rents				-						
		L		5,618								
	b	Less rental expenses	D1	5,386								
	c	Rental income or	2:	9,232		-						
	_	(loss)				ļ	29,232				20.222	
	a	Net rental income of	r (loss) (ı) Securitie		(II) Other	 	29,232				29,232	
	7a	Gross amount	(I) Securitie	5	(II) Other							
		from sales of assets other	10,94	7,908								
		than inventory										
	b	Less cost or other basis and	10,61	7 302	7,695							
		sales expenses			·							
		Gain or (loss)),516	· ·	ļ	322,821		-7,695			330,516
		Net gain or (loss) . Gross income from fi		te	<u> </u>	 	322,021		-7,033			330,310
<u> </u>	- Cu	(not including \$	of									
e		contributions reporte See Part IV, line 18		а	}							
ev.	ь	Less direct expenses		ь		1						
J le		: Net income or (loss)			ents 🕨	J						
Other Revenue	9a	Gross income from g		5								
0		See Part IV, line 19		а	}							
	b	Less direct expenses	s	ь		1						
		: Net income or (loss)			les 🕨	J						
	10a	Gross sales of invent										
		returns and allowand	ces	а	274,094							
	b	Less cost of goods s	sold	b								
		: Net income or (loss)				J	-46,943				-46,943	
		Miscellaneous		170110	Business Code							
	11	aOTHER INCOME			900099		699,893					699,893
	b	CHANGE IN VALUE O	OF SPLIT INTE		900099		112,599					112,599
	c	GAIN FROM INSURA	NCE PROCEEDS	;	900099		47,634					47,634
	d	All other revenue .					14,288					14,288
	е	Total. Add lines 11a	-11d		•		874,414					
	12	Total revenue. See	Instructions .						26 672 :25		47	2 405 275
					<u> </u>		35,537,966		26,678,183		-17,711	2,405,847 Form 990 (2017)

			Page 10
olumns All other orga	inizations must comp	lete column (A)	
line in this Part IX	<u></u>		<u> </u>
(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
10,474,372	10,474,372		
230,055	230,055		
1,128,669	307,610	693,393	127,666
11,393,796	9,990,738	1,000,276	402,782
1,790,446	1,551,464	206,565	32,417
707,816	556,586	124,565	26,665
506,916		506,916	
2,209,456	1,993,859	215,597	
2,174,288		1,961,413	212,875
1,657,068	1,657,068		
1,454,451	1,454,451		
1,299,855	1,299,855		
1,768,465	1,768,465		
36,795,653	31,284,523	4,708,725	802,405
	/ line in this Part IX (A) Total expenses 10,474,372 230,055 1,128,669 1,1393,796 1,790,446 707,816 707,816 2,209,456 2,209,456 1,454,451 1,299,855 1,768,465	Initial Part IX	(A) Program service expenses Management and general expenses

1

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

(B)

End of year

Page **11**

850

4.725.010

337,102

397,743

1.440

216.032

463,466

34,885,784

42.493.615

10.919.345

20,334,335

29,472,927

21,398,066

31.878.229

82,749,222

103.083.557

Form **990** (2017)

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

Accounts receivable, net .

Part II of Schedule L

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

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

Investments—publicly traded securities .

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

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

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

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 .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

st-bearing .

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

Loans and other receivables from current and former officers, directors,

trustees, key employees, and highest compensated employees Complete Part Loans and other receivables from other disqualified persons (as defined under

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

Notes and loans receivable, net . .

II of Schedule L section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

10a

10b

81,620,314

46,734,530

(A)

Beginning of year

850 1

2

3

4

5

6

8

9

10c

11

12

4.661.026

284,036

503.574

14.140

193.627

713.671

29.083.193

43.984.728

10.395.862

325.753

13,111,926

103,272,386

1,216,099

1,010.504

16.150.989

1.998.670

20,376,262

27.056.760

24.795.485

31.043.879

82,896,124

103.272.386

23

24

25

26

27

28

29

30

31

32

33

34

13 14 317.292 8.325.878 15 103.083.557 16 17 1,607,545 18 19 1,041,033 20

21 22

15.932.840 1.752.917 Revenue less expenses Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4

Form 990 (2017)

Schedule O

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

5

82,896,124 5 1.110.785 6

Page **12**

No

2a

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2017)

Donated services and use of facilities . . Investment expenses . 7 8 Prior period adjustments .

9	Other changes in net assets or fund balances (explain in Schedule O)	9	ĺ		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)	10)		,749,222
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 56-0767736

Name: WARREN WILSON COLLEGE

Form 990 (2017)

Form 990, Part III, Line 4a:

MOST PROGRAMS RENDERED ARE RELATED TO PROVIDING STUDENTS. ON A NON- DISCRIMINATORY BASIS. FOUR-YEAR LIBERAL ARTS DEGREES THROUGH AN INTEGRATED TRIAD OF ACADEMIC STUDY, USEFUL AND PRODUCTIVE WORK, AND SERVICE TO OTHERS BEYOND THE CAMPUS COMMUNITY THE FULL-TIME EQUIVALENT ENROLLEMNT AT THE COLLEGE DURING THE 2017-2018 ACADEMIC YEAR WAS APPROXIMATELY 690 UNDERGRADUATE STUDENTS, AND A TOTAL OF 165 STUDENTS (BOTH GRADUATE AND UNDERGRADUATE) STUDENTS GRADUATED FROM THE COLLEGE DURING THE YEAR A LOW-RESIDENCY GRADUATE PROGRAM IN CREATIVE WRITING LEADING TO A MASTER OF FINE ARTS DEGREE IS ALSO OFFERED, AND AVERAGES AROUND 91 ENROLLEES THE COLLEGE PREPARED STUDENTS REPRESENTING A BROADLY DIVERSE WORLD FOR SERVICE, LEADERSHIP, AND MEANINGFUL LIFELONG WORK AND STUDY BY OFFERING AN EDUCATIONAL PROGRAM THAT ENABLES STUDENTS TO THINK CRITICALLY, OBTAIN AND EVALUATE INFORMATION EFFECTIVELY, AND COMMUNICATE CLEARLY, INTRODUCING THEM TO A VARIETY OF WAYS BY WHICH HUMANS ACQUIRE AND USE KNOWLEDGE, AND THAT PROVIDES STUDENTS WITH OPPORTUNITIES TO DEVELOP A BREADTH OF UNDERSTANDING AND TO MAKE CONNECTIONS AMONG AREAS CONSIDERED CRITICAL TO A LIBERAL ARTS CURRICULUM, REQUIRING THAT THEY DEMONSTRATE A DEPTH OF UNDERSTANDING THROUGH COMPETENCE IN ONE OR MORE ACADEMIC DISCIPLINES ENVIRONMENTAL STUDIES IS THE MAJOR WITH THE LARGEST NUMBER OF STUDENTS, IN KEEPING WITH ANOTHER INSTITUTIONAL OBJECTIVE. THAT OF PROMOTING ENVIRONMENTAL RESPONSIBILITY THROUGH EDUCATION. CAMPUS OPERATIONS, POLICY, AND COMMUNITY OUTREACH THE COLLEGE ALSO FURNISHES STUDENTS WITH OPPORTUNITIES TO UNDERSTAND AND APPRECIATE A VARIETY OF CULTURES, ASSISTING THEM IN DEVELOPING AWARENESS OF THE COMMONALITY OF HUMAN PROBLEMS AND THE DIVERSITY OF THE WORLD TOWARD THESE ENDS, THE COLLEGE SPONSORED A NUMBER OF STUDY AWAY DESTINATIONS IN INDNONESIA. BELIZE, GERMANY, CZECH REBULIC, LATVIA & SWEDEN TO WHICH 43 STUDENTS TRAVELED, LED BY THE COLLEGE'S OWN FACULTY AND STAFF IN ADDITION, 22 STUDENTS STUDIED AWAY INDEPENDENTLY FOR THE SUMMER, SEMESTER, OR YEAR WITH PARTNER INSTITUTIONS OR OTHER U.S. ACCREDITED PROGRAMS IN FIVE LATIN AMERICAN, SEVEN EUROPEAN, TWO MULTICONTINENTAL, FOUR IN ASIA AND FIVE IN A DOMESTIC U.S. PROGRAM. THE TRIAD CONCEPT OF EDUCATION ALSO LEADS STUDENTS INTO CONSIDERED REFLECTION ON THE MEANING AND VALUE OF WORK AND SERVICE TO OTHERS, GUIDING STUDENTS IN EXAMINING THEIR LIVES AND ARTICULATING THEIR BELIEFS AND VALUES, AND PROVIDES THEM WITH OPPORTUNITIES FOR PERSONAL. PHYSICAL, MORAL, AND SPIRITUAL DEVELOPMENT TOWARDS THESE ENDS, THE COLLEGE ORGANIZED 83 DIVERSE WORK CREWS IN THE COLLEGE WORK PROGRAM DURING THE YEAR, WITH APPROXIMATELY 526 STUDENTS PARTICIPATING IN THE FALL OF 2017 AND 453 STUDENTS PARTICIPATING IN THE SPRING OF 2018 THE ANNUAL COLLEGE-WIDE WORK DAY YIELDED ABOUT 236 STUDENT PARTICIPANTS AND ABOUT 48 FACULTY/STAFF PARTICIPANTS IN THE SERVICE AREA TRIAD. 526 STUDENTS COMPLETED 39.712 VOLUNTEER HOURS AT 215 LOCAL, NATIONAL, AND INTERNATIONAL AGENCIES DURING THE YEAR FOR THE COLLEGE'S ANNUAL SERVICE DAY, OVER 260 STUDENTS, FACULTY, AND STAFF PARTICIPATED AT 15 SITES

THE SWANNANOA GATHERING IS A SERIES OF WEEKLY EDUCATION SUMMER MUSIC WORKSHOPS HELD ON THE WARREN WILSON COLLEGE CAMPUS EACH JULY AND AUGUST. THE ENROLLMENT IS LIMITED, WITH AN OPEN FORMAT, WHICH ALLOWS EACH STUDENT TO SELECT THEIR OWN CURRICULUM FROM A VARIETY OF COURSES WITH DIFFERENT EXPERIENCE LEVELS AND ABILITIES. HOUSING AND MEALS FOR PARTICIPANTS IS AN OPTION. THE NORTH CAROLINA DEPARTMENT OF PUBLIC

INSTRUCTION HAS ALLOWED 3 HOURS OF TEACHING CERTIFICATE RENEWAL CREDITS. WITH PRIOR APPROVAL, FOR EACH WEEK OF THE SERIES TOTAL STUDENTS IN

THE SUMMER OF 2018 WERE 1153, RANGING BETWEEN 76 AND 326 PARTICIPANTS FOR EACH OF THE FIVE WEEKS

Form 990, Part III, Line 4b:

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

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

	any hours	and a director/trustee)						organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ARNOLD H ROSS III TRUSTEE	1 00	×						0	0	0
BELLAMY TERRY M TRUSTEE	1 00	×						0	0	0
CASTALDI CARMEN TRUSTEE/VICE	1 00	×						0	0	0
CHRISTY WILLIAM H TRUSTEE/CHAI	1 00	X						0	0	0
CONDREY R MICHAEL	1 00	1 1					П			

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1 00

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TRUSTEE/TREA

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

COOPER DONALD R

CULPEPPER JESSICA L

GAZAWAY NATHAN L

JOHNSON THOMAS K

KANE STEVEN M

......

and Independent Contractors

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

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

	ally flours	1	and a director/trustee)					Organization	Organizations	l monitule .
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LARAMEE WILLIAM A TRUSTEE	1 00	x						0	0	0
MASSIMINO ELISA TRUSTEE	1 00	х						0	0	0
MASTERS DR ANNE GRAHAM TRUSTEE/SECR	1 00	х						0	0	0
PAULY DR SUSAN E TRUSTEE	1 00	х						0	0	0
REAMER DEBORAH L	1 00	.,								

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PAULY DR SUSAN E
TRUSTEE
REAMER DEBORAH L
TRUSTEE
RUST ANTHONY S

.....

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

SCOTT DR GEORGE ANDREW

SUTHERLAND LEWIS C

VEILLEUX JEAN WRIGHT

ZEMP F LACHICOTTE JR

and Independent Contractors

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

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

	any nours	and a director/trustee)						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	
ADAMS JOEL B JR EX-OFFICIO FMR BOARD CH	1 00	×						0	0	0	
BUHL ALICE C EX-OFFICIO FMR BOARD CH	1 00	х						0	0	0	
BERARDI CASEY L EX-OFFICIO STUDENT REP	1 00	х						0	0	0	
MOZOLIC DR JENNIFER L FACULTY REP	40 00	X						43,282	0	6,288	
HUNT RONALD F EX-OFFICIO FMR BOARD CH	1 00	Х						0	0	0	

32,791

112,062

0

0

10,316

16,333

1 00

40 00

40 00

1 00

1 00

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FACULTY REP
HUNT RONALD F EX-OFFICIO
FMR BOARD CH
NOWAK MICHAEL

STUDENT REP

STAFF REP

PRESIDENT OF

PRES ALUMNI

PRESBYTERIAN

SEGALL BK EX-OFFICIO

MORTON DR LYNN M EX-OFFICIO

THOMPSON DENNIS H EX-OFFICIO

CAMPBELL KATHLEEN DALL EX-OFFICIO

and Independent Contractors

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

any hours

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

person is both an officer

and a director/trustee)

from the

organization

110,414

128,386

from related

organizations

compensation

from the

831

28,280

13,468

8,035

	any nours	and a un color, tradice,						organization	I montrelle		
	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	
GARRETT PAULA K VP ACADEMIC	40 00			×				125,221	0	15,710	
MCKINNEY SCOTT N VP ADMIN & F	40 00			×				113,523	0	13,883	
GARLAND SUZANNE A VP FOR ADVAN	40 00			×				108,016	0	14,555	
HOLMBOE JANELLE L VP FOR ENROL	40 00			×				149,902	0	13,927	

40 00 KRAMER CATHERINE Х 116,932

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0 VP APPLIED L 40 00

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PERRINE PAUL VP FOR STUDE

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GILDEA DEBRA

FORMER PRESI

SOLNICK STEVEN L

DIR OF MFA

efil	e GR/	APHIC pri	<u>nt - DO N</u> O	T PROCESS	As Filed Data -			DLN: 9	3493079005399			
SCI (For	H ED m 990	ULE A		Public (Charity Statu	ion 501(c)(3) d	organization o	ort	OMB No 1545-0047 2017			
990I	EZ)			4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.								
		f the Treasury	► Info	ormation abou	ıt Schedule A (Form			ıctions is at	Open to Public Inspection			
Nam	e of th	nue Service he organiza	tion		<u>www.ns.g</u>	<u>07/10/11/990</u> .		Employer identific				
WARK	EN WIL	SON COLLEGE						56-0767736				
	rt I				us (All organization			See instructions.				
	rganız		•		it is (For lines 1 thro	5 ,	,					
1		•			sociation of churches							
2	✓	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))					
3		·	·	·	vice organization desc			•				
4		name, city,	and state _		ed in conjunction with							
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170			
6		•	·	-	governmental unit de							
7				mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the gener	al public described in			
8		A communi	ty trust desci	ribed in section	170(b)(1)(A)(vi)	(Complete Part I	I)					
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a			
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le implete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su				
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box			
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or component or elect a major	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A manageme	supporting o nt of the sup	rganızatıon sup porting organiza	ervised or controlled i							
С		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its			
d		Type III n functionally	on-function integrated	ally integrate The organization	d. A supporting organi n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar				
e		Check this	box if the org	anızatıon receiv	t IV, Sections A and ved a written determin	nation from the II		pe I, Type II, Type II	I functionally			
f	Enter			on-functionally l organizations	integrated supporting	organization						
g				-	ipported organization(5)						
		Name of supports	orted	(ii) EIN) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (organization in your governing document? monetary support other				(vi) Amount of other support (see instructions)			
						Yes	No					
Tota	l		tion Act Not			Cat No 11285		 Schedule A (Form 9				

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part										
III. If the organization fails to qualify under the tests listed below, please complete Part III.)										
Section A. Public Support										
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
Gifts, grants, contributions, and										

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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 (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization	's fırst, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) or	ganızatıon,
	check this box and stop here					🕨	
S	ection C. Computation of Public			_	•	•	
14	Public support percentage for 2017 (line	14					

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. 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 ▶□ organization b 10%-facts-and-circumstances test—2016. 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 supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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.				
	describe the designation if historic and continuing relationship, explain	1	İ		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)				
	in section 309(a)(1) or (2)	2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)				
	below				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination	3b			

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination					
	determination					
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b ın Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\overline{}$	
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$	
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	s any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you</i> icked 12a or 12b in Part I, answer (b) and (c) below			
	cnecked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

organization's organizing document?

10a

answer line 10b below

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

the organization had excess business holdings)

8	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	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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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.
```

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

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

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

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

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

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	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		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	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 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 organization				
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
supporting organization was vested in the same persons that controlled or managed the supported organization(s)				
S	ection D. All Type III Supporting Organizations			
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?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		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		
	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? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 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) 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 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) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 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 5 Income tax imposed in prior year 6

2 4 5 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 instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 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 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: Software Version:

EIN: 56-0767736

Name: WARREN WILSON COLLEGE

Schedule A (Form 990 or 990-EZ) 2017 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

Page 8

SCHEDULE D Supplemental Fina

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.

2017

DLN: 93493079005399OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Inform

Name of the organization

(Form 990)

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

WA	RREN WILSON COLLEGE			56-0767736	
Pā	rt I Organizations Maintaining Donor Adv				
	Complete if the organization answered "Ye	'		41.55	
	Total number at end of year	(a) Donor advis	sea runas	(b)Funds and	d other accounts
_ >	Aggregate value of contributions to (during year)				
2	Aggregate value of grants from (during year)				
, 1	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		ts held in donor ad	vised funds are the	☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?				
Pa	rt II Conservation Easements. Complete if t	he organization answei	ed "Yes" on Forn	n 990, Part IV, lin	
ι .	Purpose(s) of conservation easements held by the orga			, , , , , , , , , , , , , , , , , , ,	
	Preservation of land for public use (e g , recreation	in or education)	Preservation of an	historically importai	nt land area
	Protection of natural habitat	ÍП		ertified historic stru	
	Preservation of open space	_	Treservation of a c	oranica motorio stra	
,	Complete lines 2a through 2d if the organization held a	gualified concentration co	atribution in the for	m of a concentration	
_	easement on the last day of the tax year	qualified coffservation co	icibacion in the for		e End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
c	Number of conservation easements on a certified histor	ric structure included in (a)	2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ured after 8/17/06, and no	ot on a historic	2d	
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished	, or terminated by t	the organization dur	ing the
	Number of states where property subject to conservation	on easement is located >			
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold	- he periodic monitoring, in:	spection, handling o	_	waa 🗆 Na
5	Staff and volunteer hours devoted to monitoring, inspe		ns, and enforcing co	_	Yes L No nts during the year
	•				
7	Amount of expenses incurred in monitoring, inspecting. ▶ \$, handling of violations, ar	d enforcing conserv	/ation easements du	ırıng the year
3	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)^2$) above satisfy the require	ments of section 17	70(h)(4)(B)(ı)	Yes 🗆 No
•	In Part XIII, describe how the organization reports con- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organizat	revenue and exper lion's financial state	nse statement, and ments that describe	
a	t IIII Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar Asset	S.
La	If the organization elected, as permitted under SFAS 116 (ASC 958), not 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, in Part XIII, the text of the footnote to its financial statements that describes these items				
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 990, Part VIII, line 1			▶ \$	
(ii)Assets included in Form 990, Part X			▶ \$	
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			ncial gain, provide th	ne
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$	
b	Assets included in Form 990, Part X			> \$	
	Panerwork Reduction Act Notice, see the Instruction	me for Form 000	Cat No.	E2202D Cohodul	e D (Form 990) 2017

Par	t III	Organizations Ma	aintaining Col	lections of Ar	t, Histori	cal Tre	eası	ires, or Othe	r Similar A	ssets (co	ntınued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)											
а		Public exhibition		d Loan or exchange programs								
b		Scholarly research			е		Othe	r				
С		Preservation for future	e generations									
4	Provi Part	de a description of the XIII	organızatıon's col	ections and expl	ain how the	ey furthe	er the	e organization's	exempt purpo	ose in		
5		ng the year, did the organs ts to be sold to raise fur							mılar	☐ Yes		lo
Pai	rt IV	Escrow and Cust Complete if the org X, line 21.			Form 990	, Part 1	IV, lı	ne 9, or repor	ted an amoi	unt on Fo	rm 990,	Part
1a		e organization an agent ded on Form 990, Part)		an or other interr	mediary for	contrib	ution	s or other asset	s not	✓ Yes		lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete th	e following	table			Δ	mount		_
С	Begir	nning balance						1c			91,89	<u> </u>
d	Addıt	ions during the year						1d			522,82	8
е		ibutions during the year	r					1e			535,51	 9
f		ng balance	•					1f			79,20	_
2a		he organization include	an amount on Fo	rm 990 Part V I	ine 21 for	eccrow	or cu	istodial account	liability?			_
b		es," explain the arrange							·	☐ Yes		lo
	rt V	Endowment Fund									<u> </u>	
		Liidowillelit i dii	us. Complete ii	(a)Current year		rior year		(c)Two years back			e) Four yea	rs hack
1a	Beainr	ning of year balance .		57,489,4		56,191,	-	59,576,4		,421,985		198,540
	-	butions		693,4		846,	289	603,46	53	754,106		764,101
		vestment earnings, gair	ns and losses	2,441,3		3,868,		-214,98		,263,919	-3,	697,211
		or scholarships		1,548,6	517	1,516,	055	1,780,5	13 1	,832,796	1,	811,204
	Other	expenditures for facilities		1,934,1	167	1,900,	811	1,993,14	11 2	,030,241	2,	.032,241
f		istrative expenses .					\dashv	2:	50	500		
		year balance		57,141,4	173	57,489,	465	56,191,04	15 59	.576,473	58.	421,985
_		•						· · · ·		, , , , ,		
2		de the estimated perceind designated or quasi-e	-	ent year end bala 17 450 %	ince (line 1	g, colum	ın (a)) neid as				
a		-		17 430 70								
b		anent endowment >	55 790 %									
С		porarily restricted endov		60 %								
_		percentages on lines 2a										
3а		here endowment funds nization by	not in the posses	sion of the organ	lization tha	t are ne	ia an	ia administered i	or the		Yes	No
	-	nrelated organizations								3a(
		elated organizations .								3a(No
b		es" on 3a(II), are the rel		s listed as requir	ed on Sche	dule R?				3b)	
4	Desc	ribe in Part XIII the inte	ended uses of the	organization's er	ndowment	funds						
Pai	rt VI	Land, Buildings,	and Equipmer	ıt.								
		Complete if the or				•	_					
	Descr	iption of property	(a) Cost or oth (Investme		Cost or other	basis (ot	ther)	(c) Accumulated	depreciation	(d)) Book valu	ie
1a	Land					2,964	1,494					2,964,494
b	Buildin	ngs				63,769	9,801		34,563,802		2	9,205,999
		nold improvements										
		ment				14,026	5,305		11,567,186			2,459,119
	Other			+			9,714		603,542			256,172
		lines 1a through 1e (Co	ı olumn (d) must ed	ual Form 990. P	art X, colui			10(c))	>		3.	4,885,784
			, ,	,	,	(-//						, , 1

Part VII Investments—Other Securities. Complete if th See Form 990, Part X, line 12.	e organization ans	wered "Yes" on Form	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value	` '	thod of valuation l-of-year market value
(1) Financial derivatives		Cost of end	1-or-year market value
(2) Closely-held equity interests			
(3) Other(A) LIMITED PARTNERSHIPS	7,347,154		F
(B) CASH EQUIVALENTS	3,572,191		F
(C)	2,2,2,2		<u>·</u>
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	10,919,345		
Part VIII Investments—Program Related.	10,919,545		
Complete if the organization answered 'Yes' on F			
(a) Description of investment	(b) Book value		thod of valuation l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			_
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organization answered (a) Description	'Yes' on Form 990, Pa	art IV, line 11d See For	m 990, Part X, line 15 (b) Book value
(1) BENEFICIAL INTEREST IN CHARITABLE RE			5,753,540
(2) CONSTRUCTION IN PROGRESS (3) CASH/EQUIVALENTS RESTRICTED TO INVES			1,202,083 1,030,015
(4) LAND HELD FOR RESALE			295,511
(5) OTHER ASSETS			44,729
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			▶ 8,325,878
Part X Other Liabilities. Complete if the organization a	nswered 'Yes' on Fo	orm 990, Part IV, line	·
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) F	Book value	
1. (a) Description of Hability (1) Federal income taxes	(5)	JOOK Value	
ADVANCE TUITION & ROOM DEPOSITS		1,177,864	
ANNUITY PAYABLE		373,136	
OBLIGATIONS UNDER CAPITAL LEASE		201,917	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	1,752,917	
2. Liability for uncertain tax positions In Part XIII, provide the text of		=	· —
organization's liability for uncertain tax positions under FIN 48 (ASC 7	40) Check here if the	e text of the footnote has	s been provided in Part XIII 🗹

Page 4

26,331,747

26,478,649

387,423

26,091,226

10.704.427

36,795,653

Schedule D (Form 990) 2017

1

387,423

10,704,427

2e

3

4c

d 2d 2e

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

Other (Describe in Part XIII)

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

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b . .

Return Reference

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

Total revenue, gains, and other support per audited financial statements . . .

Schedule D (Form 990) 2017

Part XI

1

1 2

а

3

4

c 5

Part XIII

See Additional Data Table

1,110,785 3 25,220,962 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4

Investment expenses not included on Form 990, Part VIII, line 7b. b 4b 10.317.004

4c

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

10,317,004 35,537,966 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

2a

2b

2c 2d

4a

4b

Explanation

Page 5		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

> **EIN:** 56-0767736 Name: WARREN WILSON COLLEGE

CCOUNTS FOR ADDITIONS TO AND DISTRIBUTIONS FROM THESE FUNDS SEPARATELY

Supplemental Information

Return Reference

Explanation SCHEDULE D, PAGE 2, PART IV, THE COLLEGE HOLDS FUNDS FOR A VARIETY OF ACADEMIC, INSTITUTIONAL, AND STUDENT GROUPS AND A

LINE 1B

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE COLLEGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES, APPROVED BY THE BOARD OF TRUSTEE S, FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAM S SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THESE ENDOW MENT ASSETS OVER THE LONG-TERM THE COLLEGE'S SPENDING AND INVESTMENT POLICIES WORK TOGETH ER TO ACHIEVE THIS OBJECTIVE THIS INVESTMENT POLICY ESTABLISHES AN ACHIEVABLE RETURN OBJE CTIVE THROUGH DIVERSIFICATION OF ASSET CLASSES THE COLLEGE ADOPTED AN ENVIRONMENTAL, SOCI AL AND GOVERNANCE INVESTMENT (ESG) POLICY IN OCTOBER 2015 THE CURRENT LONG-TERM OBJECTIVE IS TO PROTECT THE CORPUS OF ASSETS IN REAL TERMS AND TO ACHIEVE THE HIGHEST, PRUDENT REAL RETURN POSSIBLE TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE COLLEGE RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL AP PRECIATION (REALIZED AND UNREALIZED)AND CURRENT YIELD (INTEREST AND DIVIDENDS) THE COLLEGE TARGETS A DIVERSIFIED SSET ALLOCATION FOR THE YEAR ENDED JUNE 20, 2018, THE SPENDING POLICY CALCULATES THE DISBURSEMENTS FROM THE ENDOWMENT FUNDS BASED ON 5% OF THE AVERAGE FAIR VALUE OF THE PRIOR 12 QUARTERS PLUS AN ADDITIONAL 725,000 WAS DRAWN TO OFFSET EXPENDITURE S AS APPROPRIATE WITHIN THE OPERATING BUDGET

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE COLLEGE'S POLICY IS TO EVALUATE ALL TAX POSITIONS AND TO CONSULT WITH EXPERTS TO IDENT IFY THOSE THAT MAY BE CONSIDERED UNCERTAIN ALL IDENTIFIED MATERIAL TAX POSITIONS WILL BE ASSESSED AND MEASURED BY A REASONABLY POSSIBLE THRESHOLD TO DETERMINE IF THE BENEFIT OF AN UNCERTAIN TAX POSITION SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS ANY CHANGE IN THE AMOUNT OF A TAX POSITION WILL BE RECOGNIZED IN THE PERIOD THE CHANGE OCCURS THE COLLEGE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON INCOME DERIVED FROM THE UNRELATED BUISNESS ACTIVITIES THE COLLEGE'S FEDERAL RE TURNS OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR 2017, 2016, AND 2015 ARE SUBJE CT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED THE COLLEGE'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990T) FOR 2017, 2016, AND 2015 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	UNRELATED BUSINESS COST OF GOODS SOLD REPORTED SEPARATELY -321,037 UNRELATED BUSINESS DEBT -FINANCED RENTAL EXPENSES -66,386 SCHOLARSHIPS/FELLOWSHIPS NETTED WITH TUITION ON FINANCIA L 10,704,427

Supplemental Information		_
Return Reference	Explanation	
SCHEDULE D, PAGE 4, PART XII, LINE 2D	UNRELATED BUSINESS COST OF GOOD SOLD REPORTED SEPARATELY 321,037 UNRELATED BUSINESS DEBT FINANCED RENTAL EXPENSE 66,386]

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	SCHOLARSHIPS/FELLOWSHIPS NETTED WITH TUITION ON FINANCIAL 10,704,427

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493079005399 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** WARREN WILSON COLLEGE 56-0767736 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? 2 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," please explain If you need more space use Part II 3 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 basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

chedule E (Form 990 or 990EZ) (2017)	Page 2
Part II Supplemental Information. Provide the explanation other additional information (see instructions)	lanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide
Return Reference	Explanation
SCHEDULE E, LINE 3	NONDISCRIMINITORY POLICIES OF THE COLLEGE ARE MADE KNOWN TO ALL SCHOOLS AND AREAS VISITED BY THE ADMISSIONS PERSONNEL AS WELL AS IN ALL COLLEGE LITERATURE
SCHEDULE E, LINE 6	WARREN WILSON COLLEGE RECEIVES FEDERAL AND STATE FINANCIAL AID AND GRANTS

Schedule F (Form 990 or 990-F7) (2017)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493079005399 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2017 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** WARREN WILSON COLLEGE 56-0767736 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e q , program service, describe for and investments region and independent fundraising, program specific type of in region contractors in services, investments, grants service(s) in region to recipients located in the region region) (1) (2) (3) (4) (5) 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

Cat No 50082W

Schedule F (Form 990) 2017

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

(1)				
(2)				
(3)				

(4)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2017

(16)

(17) (18)

							· · · · · · · · · · · · · · · · · · ·
Part IIII Grants and O	ther Assistance to	Individuals	Outside the Unite	d States. Complete if	the organization an	nswered "Yes" to Form 9	90, Part IV, line 16.
Part III can be	duplicated if addition	<u>nal space is r</u>	needed.				
(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)
(1) OTHER SCHOLARSHIPS	VARIOUS	17	230,055				FMV
(2)							
(3)							
/ A\			·				

Page **3**

Schedule F (Form 990) 2017

(2)				
(3)				
(4)				
(5)				
/ c\				

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

Sche	dule F (Form 990) 2017		Page 4
Pai	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not 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, do not file with Form 990)	☐Yes	✓ No
	Schedul	e F (Form 9	990) 2017

Schedule F (Form 990) 2017 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). Return Explanation Reference SCHEDULE THE OFFICE OF ADVANCEMENT WORKS WITH DONORS TO ESTABLISH GUIDELINES FOR THE USE AND

F. PAGE 1. DISBURSEMENT OF ANY DONATED FUNDS ACCORDING TO THE DONOR'S WISHES AND WITHIN PRACTICAL AND PART I, LINE LEGAL PROCESSES THE DONOR'S RESTRICTIONS ("WISHES") ARE PUT IN WRITING WITH COPIES MAINTAINED IN THE ADVANCEMENT OFFICE, THE CONTROLLER'S OFFICE, AND THE FINANCIAL AID OFFICE, IF APPLICABLE IF THE DONATION IS FOR GRANTS OR SCHOLARSHIPS TO BE DISTRIBUTED BY THE FINANCIAL AID OFFICE. THE FINANCIAL AID OFFICE MAINTAINS A SPREADSHEFT OF GRANT TITLES AND RESTRICTIONS WHICH ARE UPDATED AS NEEDED. AS WELL AS A PERMANENT ELECTRONIC FILE THE GRANTS OR SCHOLARSHIPS ARE "MATCHED" WITH AN ELIGIBLE RECIPIENT BY THE FINANCIAL AID OFFICE. THE ADVANCEMENT OFFICE WILL RECEIVE A LIST OF THESE RECIPIENTS.

IN THE FALL AND AN UPDATED LIST IN THE EARLY SPRING. THE ADVANCEMENT OFFICE REVIEWS THE LIST AND PREPARES I UNCHEON INVITATIONS FOR MOST OF THE RECIPIENTS AND DONORS. THE FINAL STEP IN THE

PROCESS IS A RANDOM AUDIT CONDUCTED ONCE A YEAR BY AN OUTSIDE AUDIT FIRM

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493079005399 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** WARREN WILSON COLLEGE 56-0767736 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and **✓** Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of organization (if applicable) (book, FMV, appraisal, noncash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

Part III Grants and Othe Part III can be dup		onal space is needed	is. Complete if the orga	nization answered res	on Form 990, Part IV, line 22						
(a) Type of grant or as	ssistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
(1) FEDERAL CAMPUS NEED-I	-BASED	119	111,128		FAFSA RESU						
(2) NC STATE CAMPUS NEED-BASE		98	436,410		FAFSA RESU						
(3) OTHER NEED BASED/MER	TIK	621	9,926,834	-	FAFSA/ACAD						
(3)											
(4)											
(5)											
(6)											
(7)											
Part IV Supplement	tal Information	on. Provide the info	rmation required in F	Part I, line 2; Part III	, column (b); and any other ad	lditional information.					
Return Reference	Explanati	Explanation									
SCHEDULE I, PAGE 1, PART I, I 2	DONOR'S W THE ADVAN	VISHES AND WITHIN P ICEMENT OFFICE, THE	RACTICAL AND LEGAL F CONTROLLER'S OFFICE	PROCESSES THE DONO , AND THE FINANCIAL A	R'S RESTRICTIONS ("WISHES") AR NID OFFICE, IF APPLICABLE IF THE	MENT OF ANY DONATED FUNDS ACCORDING TO THE PUT IN WRITING WITH COPIES MAINTAINED IN EDONATION AND FOR SCHOOLARSHIPS					

BE DISTRIBUTED BY THE FINANCIAL AID OFFICE, THE FINANCIAL AID OFFICE MAINTAINS A SPREADSHEET OF GRANT TITLES AND RESTRICTIONS WHICH ARE UPDATED AS NEEDED AS WELL AS A PERMANENT ELECTRONIC FILE THE GRANTS OR SCHOLARSHIPS ARE "MATCHED" WITH AN ELIGIBLE RECIPIENT BY THE FINANCIAL AID OFFICE THE ADVANCEMENT OFFICE WILL RECEIVE A LIST OF THESE RECIPIENTS IN THE FALL AND AN UPDATED LIST IN THE EARLY SPRING THE

ADVANCEMENT OFFICE REVIEWS THE LIST AND PREPARES LUNCHEON INVITATIONS FOR MOST OF THE RECIPIENTS AND DONORS THE FINAL STEP IN THE PROCESS IS A RANDOM AUDIT CONDUCTED ONCE A YEAR BY AN OUTSIDE AUDIT FIRM SCHEDULE I, PAGE 4, PART IV

NEED-BASED GRANTS WERE AWARDED TO WARREN WILSON COLLEGE STUDENTS BASED ON FAFSA (FREE APPLICATION FOR STUDENT AID) RESULTS FAFSA RESULTS ARE NOT REQUIRED TO BE CONSIDERED FOR MERIT SCHOLARSHIPS, BUT MANY OF THESE DOLLARS WERE USED TO MEET THE FEDERAL DEFINITION OF 'NEED'

efil	e GRAPHIC pr	int - DO NOT PROCESS As File	d Dat	a -	DLN: 934	9307	9005	399
Sch	edule J	Compe	ารat	ion Information	MO	IB No	1545-0	0047
(For	n 990)	For certain Officers, Direc	tors,	Frustees, Key Employees, and High	est			
				ated Employees vered "Yes" on Form 990, Part IV,	line 23.	20	17	7
_		▶	Attacl	ı to Form 990.			to Pul	
•	tment of the Treasury al Revenue Service			I (Form 990) and its instructions is <u>.gov/form990</u> .	at		ectio	
	ne of the organiza			[1	Employer identificat	ion nu	ımber	
WAI	REN WILSON COLL	GE.			56-0767736			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		piate box(es) if the organization provided ection A, line 1a Complete Part III to pro						
		or charter travel	$\overline{\mathbf{A}}$	Housing allowance or residence for p				
	_	companions	님	Payments for business use of person				
		ification and gross-up payments	□	Health or social club dues or initiation				
	☐ Discretion	ary spending account	•	Personal services (e g , maid, chauffe	eur, cnet)			
b		es in line 1a are checked, did the organi: Il of the expenses described above? If "N			ent or reimbursement	1 b	Yes	
2		tion require substantiation prior to reimb			1-2	2	Yes	
	directors, truste	es, officers, including the CEO/Executive	Directo	r, regarding the items checked in line	ıar			
3		f any, of the following the filing organizat			•			
	_	EO/Executive Director Check all that app d organization to establish compensation	,	•	Part III			
		h.s.s	✓	Months on a serial according to				
		tion committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	✓	Approval by the board or compensati	on committee			
4	During the year	did any person listed on Form 990, Part	VII, Se					
	related organiza	tion						
а		ance payment or change-of-control paym				4a	Yes	
b	•	receive payment from, a supplemental r	•	· ·		4b		No
С		receive payment from, an equity-based flines 4a-c, list the persons and provide	,	5	TTT	4c		No_
	ir res to any c	Times 4a c, list the persons and provide	ciic ap	silicable amounts for each feelin in Fare	•••			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiz	ations	must complete lines 5-9.				
5		d on Form 990, Part VII, Section A, line in the sontingent on the revenues of	La, dıd	the organization pay or accrue any				
а	The organization	7				5a		No
b	Any related orga					5b		No
	-	5a or 5b, describe in Part III						
6		d on Form 990, Part VII, Section A, line in ontingent on the net earnings of	La, dıd	the organization pay or accrue any				
а	The organization	?				6 a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7		d on Form 990, Part VII, Section A, line secribed in lines 5 and 6? If "Yes," describ				7		No
8		nts reported on Form 990, Part VII, paid interest exception described in Regu			scribe	8		No
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follow the reb	uttable	presumption procedure described in R	legulations section	9		
For I	Danerwork Bedi	ction Act Notice, see the Instructions	for F	orm 990 Cat No 50	053T Schedule 1	(Form	990)	2017

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

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

	(0)						and (E) amounts for tha	
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
VF TOK ENKOLLITEIVI	(i) (ii)	149,902				13,927	163,829	
2 SOLNICK STEVEN L FORMER PRESIDENT	(i) (ii)	128,386				8,035	136,421	

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information 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 SCHEDULE J, PAGE 1, PART I, LINE 1A PERSONAL SERVICES THE COLLEGE PAYS FOR OCCASIONAL HOUSE-CLEANING OF THE PRESIDENT'S HOME SCHEDULE J, PAGE 1, PART I, LINE 4 MCKINNEY, SCOTT N 10,242 0 0

Schedule J (Form 990) 2017

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-E2, part V, line 39a or 40b.	efile GRAPHI	C print - DO NO	T PROCESS	S As Fi	led Data -					DI	N: 93	4930	790	05399
Department of the Treasun Internal Revenue Service Name of the organization Secondary Service Secondary Secondary Service Secondary Secon	Schedule L (Form 990 or 990	Comple	te if the orga 27, 28a,	nization a 28b, or 28 ▶ Attac	nswered "Yes c, or Form 99 h to Form 99	s" on Form 9 0-EZ, Part V 0 or Form 99	90, Part IV, I , line 38a or (0-EZ.	ines 2! 40b.	Ť					
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction organization (d) Corrected Yes No (e) Postroption of transaction organization organization (e) Description of transaction organization 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (a) Name of line organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization organization (b) Relationship (c) Purpose of loan (c) Amount of Even No (d) Loan to or from the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship (c) Purpose of assistance organization (c) Purpose of assistance organization (d) Type of assistance (e) Purpose of assistance organization or form 990, Part IV, line 27.	•	asurv	ormation abo	out Schedu) and its inst	ructior	ıs is	at	C	pen	to P	ublic
Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected Yes No (e) Description of characteristic transaction (e) Description of characteristic transaction (e) Description of characteristic transaction (f) Description of characteristic transaction (g) Name of line interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization interested person interested person. To From (g) In (h) (i) Written due organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship (c) Purpose of assistance. (c) Amount of assistance (d) Type of assistance. (e) Purpose of assistance.									•	-	entifica	ition r	numb	er
(a) Name of disqualified person (b) Relationship between disqualified person and organization of transaction organization organization organization answered transaction organization organization answered transaction organization organization of transaction organization organization of transaction organization organization organization organization of transaction organization organization organization or transaction organization organization organization or transaction organization								rganıza	tions	s only)	ne 40h			
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization					Relationship be	tween disqua			(c) D	escrip	tion of			rected?
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
To From Yes No Yes No Yes No To From Yes No Yes No Yes No To From Yes No Yes No Yes No Total Total Fart III Grants or Assistance Benefiting Interested Persons. Complete If the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the line organization and the line or	Part II Loc Cor rep (a) Name of	ans to and/or implete if the organ orted an amount o	From Interestation answer on Form 990, P	red "Yes" or Part X, line !	rsons. n Form 990-EZ 5, 6, or 22 to or from the	Part V, line 3	8a, or Form 9	(g)	In	(Appro	h) ved by rd or	(i)Wrii	ten
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (e) Purpose of assistance (f) Purpose of as				То	From	-		Yes No				+ -		No
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the complete interest														
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of as														
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of as														
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of as	Total					• ¢								
(a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	Part IIII Gra				ested Perso	ns.								
		rested person (b) Relationship erested persor	between n and the				of assis	stanc	ce	(e) Pu	rpose (of ass	ıstance
										\perp				
										+				

	between interested person and the organization	transaction		organiz rever	ation's
				Yes	No
(1) DONNA READ	SPOUSE OF VP AC	30,744	SEE BELOW		No
(2) ROBERTS & STEVENS ATTORNEYS	ATTORNEY	23,154	SEE BELOW		No

Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

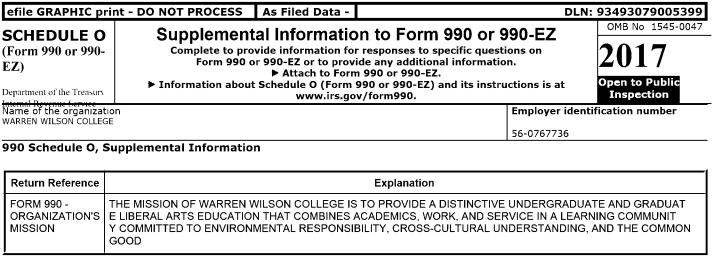
SCHEDULE L. PART V READ WITH COMPENSATION OF 30.744 SET BY THE PRESIDENT. MS READ. THE SPOUSE OF THE VP OF ACADEMIC AFFAIRS AND DEAN OF THE COLLEGE, IS EMPLOYED AS THE PHYSICAL EDUCATION

DEPARTMENT PROGRAM COORDINATOR ZEMP, MR ZEMP IS A TRUSTEE OF THE COLLEGE AND AN ATTORNEY WITH THE LAW FIRM OF ROBERTS AND STEVENS. THE COLLEGE PAID LEGAL FEES TOTALING

23,154 TO ROBERTS AND STEVENS FOR THE YEAR ENDED JUNE 30, 2018 Schedule L (Form 990 or 990-EZ) 2017

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN:	9349307	9005	399
	EDULE M			loncash Contri	hutione		OMB No 1	.545-0	047
(For	m 990)		1	ioncasii contin	butions		20	1 /	7
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	1/	'
		► Attach to Form							
•	tment of the Treasury	▶Information abo	ut Schedu	lle M (Form 990) and its i	nstructions is at <u>www.ir</u> :	s.gov/form990	Open to		
	al Revenue Service e of the organizat	ion				Employer identi	Inspe		
	EN WILSON COLLEG					Employer identi	iication n	umbe	
						56-0767736			
Pa	rt I Types	of Property	1			1			
			(a) Check if	(b) Number of contributions or	(c) Noncash contribution	Method	(d) of determi	nına	
			applicable		amounts reported on	noncash cor			ts
					Form 990, Part VIII, line 1g				
1	Art—Works of art	t			±9				
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
4	Books and public	ations							
5	Clothing and hou								
_	goods					1			
6 7	Cars and other v Boats and planes								
	Intellectual prope								
9	Securities—Public	•	X	6	129,54	5			
10	Securities—Close				===/= :				
11	Securities—Partr	nership, LLC,							
	or trust interest								
	Securities—Misce								
13	Qualified conserve contribution—Hi								
	structures .								
14	Qualified conserv								
15	contribution—Of Real estate—Res								
15 16	Real estate—Res								
17	Real estate Oth								
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy .								
	Historical artifact								
	Scientific specim								
	Archeological art								
	Other ► (
26 27	Other ► (<u> </u>			+			
	Other • (•							
	•	· · · · · · · · · · · · · · · · · · ·	he organiza	ation during the tax year for	contributions				
				B, Part IV, Donee Acknowled		29			
								Yes	No
30a				y contribution any property r					
				e of the initial contribution, a		be used for exem	pt		ļ
	parposes for the	s entire notating perio	,				30a		No
b	If "Yes," describ	e the arrangement i	n Part II						
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	of any nonstandard contr	butions?	31	Yes	Щ.
32a				or related organizations to so	olicit, process, or sell nonca	sh			
	contributions?						32a		No
	If "Yes," describ								
33	_	·	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part								<u> </u>
For D	anerwork Peductic	on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schadi	ile M (Form	1000	(2017)

Schedule M (Fo	rm 990) (2017)	Page 2						
Part II	Supplemental Info	rmation.						
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in P								
	I, column (b), the nu	imber of contributions, the number of items received, or a combination of both. Also complete						
	this part for any add	itional information.						
Return Reference		Explanation						
		Schedule M (Form 990) (2017)						



990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	EDUCATIONAL PROGRAM THAT ENABLES STUDENTS TO THINK CRITICALLY, OBTAIN AND EVALUATE INFORMA TION EFFECTIVELY, AND COMMUNICATE CLEARLY, INTRODUCING THEM TO A VARIETY OF WAYS BY WHICH HUMANS ACQUIRE AND USE KNOWLEDGE, AND THAT PROVIDES STUDENTS WITH OPPORTUNITIES TO DEVELOP A BREADTH OF UNDERSTANDING AND TO MAKE CONNECTIONS AMONG AREAS CONSIDERED CRITICAL TO A L IBERAL ARTS CURRICULUM, REQUIRING THAT THEY DEMONSTRATE A DEPTH OF UNDERSTANDING THROUGH C OMPETENCE IN ONE OR MORE ACADEMIC DISCIPLINES ENVIRONMENTAL STUDIES IS THE MAJOR WITH THE LARGEST NUMBER OF STUDENTS, IN KEEPING WITH ANOTHER INSTITUTIONAL OBJECTIVE, THAT OF PROM OTING ENVIRONMENTAL RESPONSIBILITY THROUGH EDUCATION, CAMPUS OPERATIONS, POLICY, AND COMMU NITY OUTREACH THE COLLEGE ALSO FURNISHES STUDENTS WITH OPPORTUNITIES TO UNDERSTAND AND AP PRECIATE A VARIETY OF CULTURES, ASSISTING THEM IN DEVELOPING AWARENESS OF THE COMMONALITY OF HUMAN PROBLEMS AND THE DIVERSITY OF THE WORLD TOWARD THESE ENDS, THE COLLEGE SPONSORED A NUMBER OF STUDY AWAY DESTINATIONS IN INDNONESIA, BELIZE, GERMANY, CZECH REBULIC, LATVIA & SWEDEN TO WHICH 43 STUDENTS TRAVELED, LED BY THE COLLEGE'S OWN FACULTY AND STAFF IN AD DITION, 22 STUDENTS STUDIED AWAY INDEPENDENTLY FOR THE SUMMER, SEMESTER, OR YEAR WITH PARTN ER INSTITUTIONS OR OTHER U.S. ACCREDITED PROGRAMS IN FIVE LATIN AMERICAN, SEVEN EUROPEAN, TWO MULTICONTINENTAL, FOUR IN ASIA AND FIVE IN A DOMESTIC U.S. PROGRAM THE TRIAD CONCEPT OF EDUCATION ALSO LEADS STUDENTS INTO CONSIDERED REFLECTION ON THE MEANING AND VALUE OF WO RK AND SERVICE TO OTHERS, GUIDING STUDENTS IN EXAMINING THEIR LIVES AND ARTICULATING THEIR BELIEFS AND VALUES, AND PROVIDES THEM WITH OPPORTUNITIES FOR PERSONAL, PHYSICAL, MORAL, A ND SPIRITUAL DEVELOPMENT TOWARDS THESE ENDS, THE COLLEGE ORGANIZED 83 DIVERSE WORK CREWS IN THE COLLEGE WORK PROGRAM DURING THE YEAR, WITH APPROXIMATELY 526 STUDENTS PARTICIPATING IN THE SERVICE AREA TRIAD, 526 STUDENTS COMPLETED 39,712 VOLUNTEER HOURS AT 215 LO CAL, NATIONAL, AND INTERNATIONAL AGENCIES DURING THE YEAR FOR THE C

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	UPON RECEIVING THE DRAFT COPY OF FORM 990, CERTAIN QUESTIONS THAT ARISE ARE DISTRIBUTED TO THE APPROPRIATE STAFF KEY PERSONNEL AND TRUSTEES REVIEW THE FORM 990 BEFORE IT IS SIGNED, INCLUDING THE VICE PRESIDENT FOR ADMINISTRATION AND FINANCE/CHIEF FINANCIAL OFFICER AND THE CONTROLLER, AND THE CHAIR OF THE STANDING AUDIT COMMITTEE AND THE CHAIR OF THE BOARD THE FULL BOARD IS PROVIDED THE OPPORTUNITY TO REVIEW THE COPY OF THE RETURN WITHOUT SCHEDU LE B ON ITS PASSWORD-PROTECTED WEBSITE, WITH A NOTICE THAT THE FULL SCHEDULE B IS AVAILABLE FOR REVIEW IN THE CONTROLLER'S OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE COLLEGE HAS A WRITTEN CONFLICT OF INTEREST POLICY, LAST AMENDED ON OCTOBER 2, 2007, WH ICH SPECIFIES IN DETAIL THOSE CIRCUMSTANCES GIVING RISE TO A POTENTIAL CONFLICT OF INTERES T ON THE PART OF THE COLLEGE TRUSTEES PURSUANT TO THIS POLICY, TRUSTEES MUST FILE AN ANNU AL REPORT SPECIFYING ANY RELATIONSHIPS OR ACTIVITIES WHICH MIGHT POSSIBLY CONSTITUTE A CON FLICT THESE REPORTS ARE REVIEWED BY THE CHAIR OF THE AUDIT COMMITTEE OF THE BOARD AS WELL AS THE CHAIR OF THE BOARD OF TRUSTEES AND ANY ISSUES RAISED BY A SPECIFIC REPORT ARE RESO LVED ACCORDING TO THE PROCEDURES OUTLINED IN THE CONFLICT OF INTEREST POLICY A SIMILAR PO LICY FOR EMPLOYEES OF THE COLLEGE WAS APPROVED AT A STAFF FORUM ON MARCH 23, 2011 AND DEFI NES CONFLICT OF INTEREST AND RELATED TERMS AND OUTLINES A PROCEDURE FOR DISCLOSURE, REPORT ING AND COMPLIANCE WITH THE POLICY

990 Schedule O, Supplemental Information Return Explanation

EBSITES, AND UPON REQUEST BY DONORS, FOUNDATIONS, AND AGENCIES

Reference

FORM 990,
PAGE 6,
PART VI,
LINE 19

THE COLLEGE'S CURRENT POLICY IS TO MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OF AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC ON A CASE-BY-CASE, NEED-TO-KNO W BASIS, RESERVING THE RIGHT TO WITHHOLD THIS INFORMATION IN SITUATIONS DEEMED POTENTIALLY
HARMFUL TO THE COLLEGE THE COLLEGE MAKES ITS FINANCIAL STATEMENTS AVAILABLE ON VARIOUS W

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	UNRELATED BUSINESS COST OF GOODS SOLD REPORTED SEPARATELY 321,037 UNRELATED BUSINESS DEBT-
PART XI,	FINANCED RENTAL EXPENSES 66,386 SCHOLARSHIPS/FELLOWSHIPS NETTED WITH TUITION ON FINANCIAL
LINE 9	-10,704,427 UNRELATED BUSINESS COST OF GOOD SOLD REPORTED SEPARATELY -321,037 UNRELATED BU
	SINESS DEBT FINANCED RENTAL EXPENSE -66,386 SCHOLARSHIPS/FELLOWSHIPS NETTED WITH TUITION O
	N FINANCIAL 10,704,427

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493079005399 OMB No 1545-0047 SCHEDULE R **Related Organizations and Unrelated Partnerships** 2017 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** WARREN WILSON COLLEGE 56-0767736 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) Total income (a) (b) (c) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Direct controlling Primary activity End-of-year assets or foreign country) entity (1) WARREN WILSON COLLEGE FOUND LLC RENTAL NC 722,868 14,731,992 N/A PO BOX 9000 ASHEVILLE, NC 28805

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a)								
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Legal domicile (state or foreign country) Primary activity Legal domicile (state or foreign country) Public charity status (if section 501(c)(3)) Public charity status (if section 501(c	Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the org	janization answered	"Yes" on Form 990	, Part IV, line 34 bed	cause it had one or	more	_
			Legal domicile (state	(d) Exempt Code section	Public charity status	Direct controlling	Section (13) cor	512(b) ntrolled
Tot Dangework Paduction Act Notice see the Instructions for Form 900							Yes	No
For Paperwork Poduction Act Notice, see the Instructions for Form 900								
For Paperwork Poduction Act Notice, see the Instructions for Form 990								
For Paparate Poduction Act Notice, see the Instructions for Form 990								
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	For December 1 Deduction Act Nation and the Treatmentions for Form 00		C-t N- F01:	<u> </u>		Sala dula D /Farm	000) 20	1.7

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(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)	total income	Share of end-of-year assets	Disprop		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	ral or iging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						ızatıon ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)	st during ti	(d)	(e)	(f)		(g)	(H	1)	$\overline{}$	(1)
Name, address, and EIN of related organization	Primary activity	l do (state	egal omicile or foreign untry)		controlling Ty entity (C o	pe of entity corp, S corp, or trust)	Share of total income		of end- year assets	of- Percel owne	ntage	(13	ction 51 3) contr entity
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Schedule R (Form 990) 2017					Pa	ge 3
Part V Transactions With Related Organizations Complete of the organization answered	"Yes" on Form 990, Par	t IV, line 34, 35b,	or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	lated organizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		
f b Gift, grant, or capital contribution to related organization(s)				1b		
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		
f d Loans or loan guarantees to or for related organization(s)				1d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1g		
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
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		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1p		
q Reimbursement paid by related organization(s) for expenses				1q		
r Other transfer of cash or property to related organization(s)				1r		
${f s}$ Other transfer of cash or property from related organization(s)				1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	his line, including covered r	relationships and trai	nsaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount in	volved	

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

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

was not a related organization. See instructions regarding exclusion for certain investment particles inpo													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017