TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP 757 Third Avenue, 9th Floor New York, NY 10017-2013
Special Instructions	Returns should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their most recent Forms 990, and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Charities must also make available Forms 990-T filed after August 17, 2006. Schedules, attachments, and supporting documents filed with Form 990-T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection and copying (e.g. Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations and Form 8886, Reportable Transaction Disclosure Statement). Forms 990 and 990-T must be made available for the three-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing). The names of any contributors should not be disclosed, so we have deleted them.
Application for Recognition of Exemption	The copy of the Application for Recognition of Exemption must include any papers submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	In the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, the organization must respond within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and posting. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$0.20 for each page.
What if we post Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its we site. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	The IRS may impose significant monetary penalties on an organization that does not adhere to the disclosure requirements.

Cumulative e-File History 2018

Federal

Tax Return 86803W

Return Type 990

Taxpayer WASHINGTON COLLEGE

Submitted Date	2020-07-13 14:26:45
Acknowledgement Date	2020-07-13 14:56:24
Status	Accepted
Submission ID	23695320201955000169

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

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2010	and ending $0.6 / 3.0$	

 $_{20}[19]$

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization WASHINGTON COLLEGE Employer identification number 52-0591691

Name and title of officer

LAURA JOHNSON, VP FINANCE

Type of Return and Return Information (Whole Dollars Only)

For calendar year 2018, or fiscal year beginning 07/01

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	100449446
2a	Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b L b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

lauthorize GRANT THORNTON LLP to enter my PIN as my signature FRO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

July 13, 2020

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3 6 6 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Officer's signature

7/13/2020

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

A F	or th	e 201	8 calendar year, or tax year begi	nning 07/	01 ,2018	B, and endin	g		06	/30 ,20 19	
Вс	neck if ap	nnlicable:	C Name of organization				D	Employer id	entific	cation number	
_	Addre		WASHINGTON COLLEGE					E0 0E0			
	chang		Doing Business As			T .		52-0592			
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite		Telephone n			
	Initial	return	300 WASHINGTON AVE				(4	110) 77	8 – 7	/224	
	Termi		City or town, state or province, country,	• .						160 000	0.00
	Amen	n	CHESTERTOWN, MD 21620					Gross receip		162,873	
	Applic		F Name and address of principal officer:	KURT M. LANDG	RAF, PI	RESIDENT	H(a	Is this a gro subordinates	up retu ;?	rn for Yes	X No
			SAME AS C ABOVE				H(b)) Are all subord			No
		empt st	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) (insert no.)	4947(a)(1)	or 527	7	If "No," attac	ch a lis	t. (see instructions)	
_			WWW.WASHCOLL.EDU			1.		Group exem			
_		<u> </u>	nization: X Corporation Trust	Association Other		L Year of	f formation:	1/82 M	State	of legal domicile:	MD
Pa	art I		mmary			VIII OD TN	TIMO OF		mi	T IIADIMO (
4.	1		describe the organization's mission of							E HABIIS ()F
nce			LYTIC THOUGHT, AESTHETIC TO ENRICH THE CULTURAL				г эгиэ.		· <u>'</u>		
rna	•										
Governance			this box if the organization of	•	•				1 1		37.
න ග	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3		$\frac{37.}{36.}$
es			er of independent voting members of						4	1	578.
<u>×</u>			number of individuals employed in cal-						5	Δ,	372.
Activities			number of volunteers (estimate if neces	**					6	_2//	,234
			unrelated business revenue from Part \						7a 7b	211	<u>,234</u>
_	D	ivet ui	nrelated business taxable income from	Form 990-1, line 34				rior Year	7.0	Current Ye	
ne	8	Contri	ibutions and grants (Part VIII line 1h)					,110,14	1.8	17,278	
	9				СОР	Y FOR		,797,61		75,091	
Revenue			tment income (Part VIII, column (A), lin		PUBLIC II	NSPECTION		,332,50		6,895	
æ			revenue (Part VIII, column (A), lines 5					,516,25		1,184	
			revenue - add lines 8 through 11 (mus					,756,52	_	100,449	
			s and similar amounts paid (Part IX, col					,472,95		32,371	
			its paid to or for members (Part IX, colu					<u>, , , , , , , , , , , , , , , , , , , </u>	0.	· · · · · · · · · · · · · · · · · · ·	0
w			es, other compensation, employee ben				38	38,166,824.		37,050	,453.
Expenses			ssional fundraising fees (Part IX, column					21,85	52.		,291
Бe	b	Total	fundraising expenses (Part IX, column ((D), line 25) ▶ 2,	519,663	3.					
ш			expenses (Part IX, column (A), lines 11				34	34,662,868.		32,705,40	
			expenses. Add lines 13-17 (must equa				104	,324,49	6.	102,212	,916.
			nue less expenses. Subtract line 18 fror				9	,432,03	30.	-1,763	,470
or			·				Beginning	of Current \	Year	End of Yea	r
sets	20	Total	assets (Part X, line 16)				452	,219,93	34.	453,240	,948.
Net Assets or Fund Balances	21	Total	liabilities (Part X, line 26)				81	,323,53	35.	79,201	,496
E P	22	Net as	ssets or fund balances. Subtract line 2	1 from line 20			370	,896,39	9.	374,039	,452
Pa	rt II	Siç	gnature Block								
Und	ler per	nalties o	of perjury, I declare that I have examined the complete. Declaration of preparer (other that	nis return, including accompa	nying sched	ules and staten	nents, and t	o the best of	f my l	knowledge and be	elief, it is
tiue	, corre	Tion, and	Complete. Declaration of preparer (office that	11 Officer) is based off all liftor	nation of win	icii preparei na	3 arry Kriowi	Ť			
Sig	n		Nama IVI. Journe					07/1	3/2	020	
Hei			Signature of officer	D :		Λ -1 : :- 4		Date			
1161	C		Laura M. Johnson, Vice	President for Fina	ance &	Administ	ration				
			Type or print name and title	T							
Paid			Type preparer's name	Preparer's signature	2	Date 7 / 1 3	/2020	Check	J "	PTIN	
	arer	DAN			_	' / ± 3 /		self-employ		P00504182	
	Only		sname GRANT THORNTON I				Firr	n's EIN 🕨		6055558	
		_	s address > 757 THIRD AVENUE, 9TH F				Pho	one no.	212	-599-0100	
<u> </u>			cuss this return with the preparer show) <u></u>					. X Yes	<u>No</u>
For	Paper	rwork	Reduction Act Notice, see the separa	te instructions.						Form 990	(2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

	φ,						
	6-Month Extension of Time. Only subm		· , , , , , , , , , , , , , , , , , , ,				
All corporat	ions required to file an income tax return othe	er than Fori	m 990-T (including 1120	 C filers), partnerships, 	RE	MICs,	and trusts
nust use Fo	orm 7004 to request an extension of time to f	file income	tax returns.				
				Enter filer's identifyin	ng nu	mber,	see instructions
Гуре or	Name of exempt organization or other filer, see in	nstructions.		Employer identification nu	ımbe	er (EIN) or
orint	arint				_		
WASHINGTON COLLEGE 32 0371					1		
File by the lue date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.	Social security number (S	SN)		
ling your	300 WASHINGTON AVENUE						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
	CHESTERTOWN, MD 21620-1197						
Enter the R	eturn Code for the return that this application	is for (file	a separate application for	r each return)			0 1
		,					
Application		Return	Application				Return
s For		Code	Is For				Code
orm 990 o	r Form 990-EZ	01	Form 990-T (corporation	on)			07
orm 990-B	L	02	Form 1041-A				08
orm 4720	(individual)	03	Form 4720 (other than	individual)			09
orm 990-P	F	04	Form 5227				10
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
orm 990-T	(trust other than above)	06	Form 8870				12
	CONTROLLER						
The book	as are in the care of ► 515 WASHINGTON	AVE CHES	STERTOWN MD 21620				
	e No. ► 410 778-7224		Fax No. ▶ <u>410 810</u> -				
	anization does not have an office or place of						
If this is f	or a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (C	GEN)		If	this is
or the who	le group, check this box 📗 . I	f it is for pa	art of the group, check th	is box ▶ [and a	ıttach
	e names and EINs of all members the extens						
1 I reque	est an automatic 6-month extension of time u	ntil	05/15, 20 2	0_{-} , to file the exempt	torg	janiza	tion return
for the	organization named above. The extension is	s for the org	ganization's return for:				
▶	calendar year 20 or						
► X	calendar year 20 or tax year beginning 07/0	01_, 20 18	B, and ending	06/30,	20_	19	
2 If the t	ax year entered in line 1 is for less than 12 m	nonths, ched	ck reason: Initial re	turn Final returi	n		
	Change in accounting period						
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the to	entative tax, less any			
nonref	undable credits. See instructions.				3a	\$	0.
b If this	application is for Forms 990-PF, 990-T,	, 4720, o	r 6069, enter any ref	undable credits and			
estima	ated tax payments made. Include any prior yea	ar overpayn	nent allowed as a credit.		3b	\$	0.
c Balan	ce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if req	uired, by using EFTPS			
(Electi	onic Federal Tax Payment System). See instru	uctions.			3с	\$	0.
Caution: If yo	u are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, see	Form 8453-EO and Form	n 88	79-EO	for payment
nstructions.							
or Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Forr	n 886	8 (Rev. 1-2019)

Cumulative e-File History 2018

FED

Return Type 990 Tax Return 86803W

Taxpayer WASHINGTON COLLEGE

Submitted Date	2019-10-28 12:46:48
Acknowledgement Date	2019-10-28 12:56:39
Status	Accepted
Submission ID	23695320193015000010

Form 990 (2018) Page 2

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ATTACHMENT 1
	Did the consciption undertake any similiary transport and using the consciption was not listed as the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$91,760,284. including grants of \$32,371,770.) (Revenue \$62,342,395.) ATTACHMENT 2
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$497,511. including grants of \$0.) (Revenue \$154,417.) WASHINGTON COLLEGE USES ITS FACILITIES DURING SUMMER MONTHS TO
	FACILITATE EDUCATIONAL EXPERIENCES FOR YOUNGER K-12 STUDENTS. THESE STUDENTS ARE GIVEN AN OPPORTUNITY TO PARTICIPATE IN SUMMER
	CAMPS RANGING FROM SCIENCES, MATHEMATICS AND HANDS ON PROJECTS.
	THESE CAMPS LAST ANYWHERE FROM FOUR DAYS TO THREE WEEKS AND ARE
	MANAGED BY OTHER OUTSIDE NONPROFIT ORGANIZATIONS.
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 92,257,795.

Form 990 (2018)

Part IV Page 3

art	V Checklist of Required Schedules		Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
		4		┢
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		\vdash
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		L
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	L
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			Ī
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			ı
•	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			Г
а	complete Schedule D, Part VI	11a	Х	
L	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	па	21	t
D		445	Х	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		╀
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		ļ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		ļ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	ļ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	L
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	Ī
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Ī
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			Ť
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			t
•	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		t
6		4.0	Х	
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		ł
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		3.7	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	ļ
В	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		
0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		ſ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ī
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Ī
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
			990	,,
A 1.000		Form	9911	•

WASHINGTON COLLEGE 52-0591691

Form 990 (2018) Page **4**

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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	23	X	
24 a	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	0.4-	х	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Λ	Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		Х
4	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		Х
35.2	or IV, and Part V, line 1	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
2.5	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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. 2a 1,578			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	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		X
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
-	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	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.)	425		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	1 Ja		
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Sect	ion A. Governing Body and Management				21
	1011711 OOVOTTIING DOU'Y WHA MANAGOMONE			Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a 37			
ıa	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				
h	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	1b 36			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with			
_	any other officer, director, trustee, or key employee?	· · · · · · · · · · · · · · · · · · ·	2	X	
3	Did the organization delegate control over management duties customarily performed by or un				
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	-	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to e				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions und				
	the year by the following:	•			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	<u>Code</u>	,	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
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 p	•	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	_	12b	Х	
	rise to conflicts?		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•	12c	Х	
40	describe in Schedule O how this was done		13	X	
13	Did the organization have a written whistleblower policy?		14	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review as				
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	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	ır arrangement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),		(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap				
	X Own website Another's website X Upon request Other (explain in Sci	,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of int	erest	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 CHARLES CONNOLLY 515 WASHINGTON AVE CHESTERTOWN, MD 21620 410-778-7224	books and record	s 🕨		

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	,					<u>'</u>		,	, ,	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	box, office or direct	unles er and	Pos neck ss pe	erson	e than of is both tor/trust employe	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	al trustee or	Institutional trustee		oloyee	Highest compensated employee				and related organizations
(1)H. LAWRENCE CULP, JR.	1.00									
CHAIR/MEMBER	0.	Х		Х				0.	0.	0 .
(2)RICHARD L. CREIGHTON	1.00									
CO-VICE CHAIR	0.	Х		Х				0.	0.	0 .
(3)ANN HORNER	1.00									
CO-VICE CHAIR	0.	Х		Х				0.	0.	0
(4)LYNN L. BERGESON	1.00									
SECRETARY	0.	Х		Х				0.	0.	0
(5)GEOFFREY M. ROGERS, SR.	1.00									
TREASURER	0.	Х		Х				0.	0.	0
(6)STEPHEN T. GOLDING	1.00									
CHAIR	0.	Х		Х				0.	0.	0
(7)PATRICK WILLIAM ALLENDER	1.00									
MEMBER	0.	Х						0.	0.	0
(8)THAD BENCH	1.00									
MEMBER	0.	Х						0.	0.	0
(9)MARC BUNTING	1.00									
MEMBER	0.	Х						0.	0.	0
(10)NORRIS W. COMMODORE, JR.	1.00									
MEMBER	0.	Х						0.	0.	0
(11)JAYNE CONROY	1.00									
MEMBER	0.	Х						0.	0.	0
(12)THOMAS C. CROUSE, JR.	1.00									
MEMBER	0.	Х						0.	0.	0
(13)PETER VAN DYKE	1.00									
MEMBER	0.	Х						0.	0.	0
(14)THOMAS H. GALE	1.00									
MEMBER	0.	Х						0.	0.	0

Form **990** (2018)

JSA.

Form 990 (2018) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per	(do r	Position (do not check more than one		Reportable	Reportable	Estimated amount of			
	week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation from	compensation from related	other				
	hours for			the	organizations	compensation				
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme	organization	(W-2/1099-MISC)	from the organization
	below dotted	idua	tutio	ěς	empl	est c	er	(W-2/1099-MISC)		and related
	line)	or tru	nal t		oye) Simp				organizations
		stee	nste		0	ens				
			ď			ated				
15) RICHARD B. GRIEVES	1.00									
MEMBER	0.	Х						0.	0.	0.
16) WILLIAM HARVEY	1.00									
MEMBER	0.	Х						0.	0.	0.
17) JEFFREY HORSTMAN	1.00									
MEMBER	0.	Х						0.	0.	0.
18) KIRK B. JOHNSON	1.00									
MEMBER	0.	Х						0.	0.	0.
19) JIM LIM	1.00									
MEMBER	0.	X						0.	0.	0.
20) REBECCA LOREE	1.00									
MEMBER	0.	Х						0.	0.	0.
21) THOMAS H. MADDUX	1.00									
MEMBER	0.	X						0.	0.	0.
22) WILLIAM MILLER	1.00									
MEMBER	0.	X						0.	0.	0.
23) DEBORAH MOXLEY TURNER	1.00									
MEMBER	0.	X						0.	0.	0.
24) EDWARD P. NORDBERG	1.00								_	_
MEMBER	0.	X						0.	0.	0.
25) REGIS DE RAMEL	1.00								_	_
MEMBER	0.	Х						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, S							>	2,484,352.	0.	357,267.
d Total (add lines 1b and 1c)							<u> </u>	2,484,352.	0.	357,267.
Total number of individuals (including but not reportable compensation from the organization)		hose 12		ed a	bov	e) who	o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched	ule J for suc	ch ind	livid	ual						3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	satior	n ar	nd other compens	sation from the	
organization and related organizations gr										
individual										4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individual	

Section B. Independent Contractors

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

for services rendered to the organization? If "Yes," complete Schedule J for such person

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form **990** (2018)

Part VII

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WASHINGTON COLLEGE

Part VII Section A. Officers, Directors, Tro	ustees, Ke	y En	nplo	ye	es,	and I	Higl	hest Compensat	ed Employees (d	ontinue		Page &
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	heck ss pe	erson	e than of is both tor/trust Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated nount o other pensati om the anization d related anization	of ion on ed
26) BERT REIN	1.00											
MEMBER	0.	Х						0.	0.			0.
27) BRANDON RIKER	1.00											
MEMBER	0.	Х						0.	0.			0.
28) DR. HENRY F. SEARS	1.00											
MEMBER	0.	Х						0.	0.			0.
29) VALERIE SHEPPARD	1.00											
MEMBER	0.	Х						0.	0.			0.
30) RALPH SNYDERMAN	1.00											
MEMBER	0.	Х						0.	0.			0.
31) DARYL L. SWANSTROM	1.00											
MEMBER	0.	Х						0.	0.			0.
32) JOHN H. TIMKEN	1.00											
MEMBER	0.	Х						0.	0.			0.
33) DONALD C. TOMASSO	1.00											
MEMBER	0.	Х						0.	0.			0.
34) RICHARD WHEELER	1.00											
MEMBER	0.	Х						0.	0.			0.
35) RICHARD WOOD, III	1.00											
MEMBER	0.	Х						0.	0.			0.
36) ALBERT J.A. YOUNG	1.00											
MEMBER	0.	Х						0.	0.			0.
1b Sub-total	•						▶					
c Total from continuation sheets to Part VII, S	ection A						•					
d Total (add lines 1b and 1c)	_		-	-			>					
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of			
reportable compensation from the organizatio		12				•						
											Yes	No
3 Did the organization list any former office	er, directo	r. or	tru	uste	e.	kev e	ame	olovee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched										3	X	
4 For any individual listed on line 1a, is the	sum of rer	ortah	ole d	com	ner	nsatio	n ai	nd other compen	sation from the			
organization and related organizations gr	eater than	\$15	50.0	00?	P	f "Yes	s."	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "Y</i>										5		Х
Section B. Independent Contractors	•									•		
Complete this table for your five highest com- compensation from the organization. Report of												
year.	ompensati	011 101	uie	, ua	10110	uai ye	ai t	anding with Or With	iii tiie organizatio	ıı ə tax		

(A) Name and business address	(B) Description of services	(C) Compensation

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

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WASHINGTON COLLEGE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continuation)											
(A)	(B)			((C)			(D)	(E)	(F)	
Name and title	Average	١,,			sition			Reportable	Reportable	Estimated	
	hours per	(do not check more than one box, unless person is both an						compensation	compensation from	amount of other	
	week (list any hours for	or officer and a director/trustee)						from the	related organizations	compensation	
	related	Ind or o	Ins	Officer	Kej	Highest employe	Forme	organization	(W-2/1099-MISC)	from the	
	organizations	ividu	titut	icer	em (hest	mer	(W-2/1099-MISC)		organization and related	
	below dotted line)	of tall t	Institutional		Key employee	t cor				organizations	
	,	Individual trustee or director	Ę		ee	t compensated /ee				J	
		9	trustee			nsat					
						ied.					
37) KURT LANDGRAF	55.00										
PRESIDENT/MEMBER	0.	X		Х				407,800.	0.	37,335.	
38) VICTOR SENSENIG	55.00										
CHIEF OF STAFF & VP PLANNING	0.			Х				141,523.	0.	37,913.	
39) LAURA JOHNSON	55.00										
VP FINANCE	0.			Х				133,979.	0.	34,417.	
40) PATRICE DIQUINZIO	55.00										
PROVOST & DEAN	0.				X			188,500.	0.	26,591.	
41) SARAH FEYERHERM	55.00										
VP STUDENT AFFAIRS	0.				Х			184,271.	0.	22,537.	
42) LORNA HUNTER	55.00										
VP ENROLLMENT	0.				X			210,000.	0.	33,572.	
43) JOHN L. SEIDEL	55.00										
DIRECTOR OF ENVIRO STUDIES	0.					Х		159,008.	0.	33,645.	
44) PENELOPE L. FARLEY	55.00								_		
CONTROLLER, END 6/30/2019	0.					Х		138,953.	0.	13,565.	
45) VALERIE RICHARD	55.00										
ASSOC VP OF FACILITIES	0.					Х		155,100.	0.	19,789.	
46) ANDREA TRISCUIUZZI	55.00								_		
VP OF ADVANCEMENT	0.					Х		141,018.	0.	35,439.	
47) SCOTT GREATOREX (END 9/25/18)	55.00								_		
ASC VP ADVANCEMENT	0.					Х		191,200.	0.	37,499.	
1b Sub-total							ightharpoons				
c Total from continuation sheets to Part VII,	_										
d Total (add lines 1b and 1c)							<u> </u>				
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of		
reportable compensation from the organization	on 🚩	12									
										Yes No	
3 Did the organization list any former offi										2 37	
employee on line 1a? If "Yes," complete Scheo	dule J for su	ch ind	ivid	ual	• •					3 X	
4 For any individual listed on line 1a, is the											
organization and related organizations g										4 V	
individual										4 X	
5 Did any person listed on line 1a receive of										F V	
for services rendered to the organization? If "	res," comple	te Sch	nedu	ile J	tor	such	per	son		5 X	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Emplo	yees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than o box, unless person is both officer and a director/trust			is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	on from	am com	(F) timated tount of other pensatio		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	om the anization d related unization	t
48) SHEILA BAIR PRESIDENT - END 6/30/17	55.00						Х	433,000.		0.		24,9	65.
1h Cub total							L						
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						>						
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	eceived more than	\$100,000	of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Yes X	No
organization and related organizations gr	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompens	ation	

Name and business address

Description of services

Compensation

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

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Part VIII Statement of Revenue

· ai	t VIII	Statement of Revenue Check if Schedule O contains a r	esponse or note to an	y line in this Part VII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a				
or	b	Membership dues	1b				
Ŗţ.	С	Fundraising events	1c				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d				
Sin	е	Government grants (contributions)	1e 5,151,727.				
je je	f	All other contributions, gifts, grants,					
<u> </u>		and similar amounts not included above	1f 12,126,989. c 3,121,745.				
a S	g h	Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	. Ψ	17,278,716.			
- 1	n	Total. Add lines 1a-11	Business Code	17,278,710.			
Program Service Revenue	2-	TUITION AND FEES	900099	59,905,543.	59,905,543.		
Re	2a b	ROOM AND BOARD	900099	13,673,458.	13,673,458.		
ice	D C	CONFERENCES & CATERING	532000	873,984.	823,138.	50,846.	
Ser	d	AUXILIARY ENTERPRISES	900099	638,393.	638,393.		
Ē	e						
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		75,091,378.			
	3	Investment income (including	dividends, interest,				
		and other similar amounts).		542,043.		-395,080.	937,123
	4	Income from investment of tax-exemp	t bond proceeds . 🕨	0.			
	5	Royalties		0.			
		(i) Re	al (ii) Personal				
	6a	Gross rents	2,468.				
	b	Less: rental expenses					
	С	Nemai income or (1033)	2,468.				
	_d	Net rental income or (loss) (i) Security Securit		32,468.			32,468
	7a	Gross amount from sales of	```				
		assets other than inventory 68,455	298,670.				
	b	Less: cost or other basis	7,762. 270,989.				
		and saids expenses	5,296. 27,681.				
	C d	Gaill 01 (1033)		6,352,977.			6,352,977.
	-			0,332,3711			0,332,377
ne	oa	Gross income from fundraising events (not including \$.				
eve		of contributions reported on line 1c).					
<u>بر</u>		See Part IV, line 18	95,855.				
Other Revenue	b	Less: direct expenses					
١	С	Net income or (loss) from fundraising e		72,972.			72,972
	9а	Gross income from gaming activities. See Part IV, line 19	a 0.				
	b c	Less: direct expenses		0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold	0.	0.			
		Miscellaneous Revenue	Business Code				
	11a	ATHLETIC PROGRAMS	900099	174,377.	174,377.		
	b	GIS PROGRAM	900099	120,210.	120,210.		
	С	BOOKSTORE	900099	92,542.	92,542.		
	d	All other revenue		691,763.	691,763.		
	е	Total. Add lines 11a-11d		1,078,892.			
	12	Total revenue. See instructions.	<u> </u>	100,449,446.	76,119,424.	-344,234.	7,395,540.

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX												
Do	not include amounts reported on lines 6b, 7b,	(A)		(C)	(D)							
	9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses							
			expenses	general expenses	ехрепѕеѕ							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.										
2	Grants and other assistance to domestic individuals. See Part IV, line 22	31,339,171.	31,339,171.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign	1 000 500	1 000 500									
	individuals. See Part IV, lines 15 and 16	1,032,599.	1,032,599.									
4	Benefits paid to or for members	0.										
5	Compensation of current officers, directors, trustees, and key employees	2,601,179.	786,814.	1,243,940.	570,425.							
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	25,838,993.	23,231,110.	1,594,766.	1 012 117							
7	Other salaries and wages	25,838,993.	23,231,110.	1,594,766.	1,013,117.							
8	Pension plan accruals and contributions (include	1,683,010.	1,370,845.	193,143.	119,022.							
_	section 401(k) and 403(b) employer contributions)	4,939,001.	4,566,581.	162,327.	210,093.							
9	Other employee benefits	1,988,270.	1,653,105.	216,032.	119,133.							
10	Payroll taxes	1,000,270.	1,033,103.	210,032.	117,133.							
11	Fees for services (non-employees):	0.										
	Management	75,187.		75,187.								
	Accounting	97,300.		97,300.								
	Lobbying	0.										
	Professional fundraising services. See Part IV, line 17	85,291.			85,291.							
	Investment management fees	899,540.		899,540.								
g	Other. (If line 11g amount exceeds 10% of line 25, column											
	(A) amount, list line 11g expenses on Schedule O.)	4,858,116.	4,140,038.	548,890.	169,188.							
12	Advertising and promotion	91,750.	46,779.	44,971.								
13	Office expenses	200,471.	159,526.	33,361.	7,584.							
14	Information technology	0.										
15	Royalties	0.	4 270 140	F76 750	1 000							
16	Occupancy	4,957,809.	4,379,148. 1,193,676.	576,752.	1,909.							
17	Travel	1,230,500.	1,193,070.	8,410.	20,414.							
18	Payments of travel or entertainment expenses	0.										
40	for any federal, state, or local public officials	0.										
19	Conferences, conventions, and meetings	2,648,974.	2,648,974.									
20 21	Interest	0.	,									
22	Depreciation, depletion, and amortization	8,767,829.	8,613,040.	150,856.	3,933.							
23	Insurance	487,960.	5,900.	482,060.								
24	Other expenses. Itemize expenses not covered											
	above (List miscellaneous expenses in line 24e. If											
	line 24e amount exceeds 10% of line 25, column											
	(A) amount, list line 24e expenses on Schedule O.)											
_	SUPPLIES	2,974,227.	2,944,070.	18,283.	11,874.							
-	REPAIRS & MAINTENANCE	1,573,189.	1,005,066.	542,150.	25,973.							
-	MEALS & ENTERTAINMENT	1,015,131.	684,022.	221,183.	109,926.							
_	BOOKS & RESEARCH SUPPLIES	387,790. 2,439,629.	387,790.	326,307.	43,781.							
	All other expenses	102,212,916.	2,069,541.	7,435,458.	2,519,663.							
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	102,212,910.	34,431,133.	7,733,430.	2,319,003.							
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here											
_	following SOP 98-2 (ASC 958-720)	0.										

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Part X Balance Sheet

		Check if Schedule O contains a response of	r note	e to any line in this Pa	art X		
		·		•	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			0.	1	0.
	2	Savings and temporary cash investments			41,112,033.	2	29,906,336.
	3	Pledges and grants receivable, net			7,764,841.	3	5,878,649.
	4	Accounts receivable, net			1,077,120.	4	1,551,193.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6	Loans and other receivables from other disqualified pers	ons (as	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
G		organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			80,507.	7	68,503.
As	8	Inventories for sale or use			0.	8	0.
•	9	Prepaid expenses and deferred charges			1,482,130.	9	899,956.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation			172,870,746.	10c	184,991,495.
	11	Investments - publicly traded securities			157,413,053.	11	159,939,442.
	12	Investments - other securities. See Part IV, line 11			70,419,504.	12	70,005,374.
	13	Investments - program-related. See Part IV, line 11	١		0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			0.	15	0.
_	16	Total assets. Add lines 1 through 15 (must equal			452,219,934.	16	453,240,948.
	17	Accounts payable and accrued expenses		l l	7,029,595.	17	4,888,296.
	18	Grants payable			0.	18	0.
	19	Deferred revenue			988,752.	19	1,231,331.
	20	Tax-exempt bond liabilities			66,849,945.	20	64,649,363.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
Liabilities	22	Loans and other payables to current and for					
ĕ		trustees, key employees, highest compen			0.		0
Ë		disqualified persons. Complete Part II of Schedule			0.	22	0.
	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax,			0.	24	0.
	23	parties, and other liabilities not included on lines					
		of Schedule D		' '	6,455,243.	25	8,432,506.
	26	Total liabilities. Add lines 17 through 25			81,323,535.	26	79,201,496.
_		Organizations that follow SFAS 117 (ASC 958),			, , , , , , , , , , , , , , , , , , , ,	20	
es		complete lines 27 through 29, and lines 33 and	34.	there is and			
ů	27	Unrestricted net assets			117,082,609.	27	122,615,597.
3alë	28	Temporarily restricted net assets			105,146,664.	28	97,160,204.
ē	29	Permanently restricted net assets			148,667,126.	29	154,263,651.
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958)					
ō		complete lines 30 through 34.					
Assets	30	Capital stock or trust principal, or current funds			30		
\ss	31	Paid-in or capital surplus, or land, building, or equ			31		
Net A	32	Retained earnings, endowment, accumulated inco	ome,	or other tunds	270 006 200	32	274 020 450
ž	33	Total net assets or fund balances			370,896,399.	33	374,039,452.
	34	Total liabilities and net assets/fund balances			452,219,934.	34	453,240,948.

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0	(2010)					90
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		100,449,446.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		102,212,916.		
3	Revenue less expenses. Subtract line 2 from line 1	3			63,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3		96,3	
5	Net unrealized gains (losses) on investments	5		6,8	50,8	357.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1,9	44,3	34.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	3	74,0	39,4	152.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	<u> </u>				Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	iaht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lerao	the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		-	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization WASHINGTON COLLEGE

Employer identification number 52-0591691

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E2).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ivi). (Complete Part II.) A norganization operated for the benefit of a college or university owned or operated by a section 170(b)(1)(A)(ivi). (Complete Part III.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A nagricultural research organization described in section 170(b)(1)(A)(xi) operated in conjunct or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, a university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, receipts from activities related to its exempt functions - subject to certain exceptions, and (2) in support from gross investment income and unrelated business taxable income (less section 50 acquired by the organization after June 30, 1975. See section 503(a)(2); (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of one or more publicly supported organizations described in section 509(a)(1) or section 50 Check the box in lines 12a through 12d that describes the type of supporting organization and control or management of the supporting organization operated in connection with its supported organization. You must complete Part IV, Sections A and B. Type II. A supporting organization in supporting organization						
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 17 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunct or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, a university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, receipts from activities related to its exempt functions - subject to certain exceptions, and (2) in support from gross investment income and unrelated business taxable income (less section 510s4)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a) (2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of one or more publicly supported organizations described in section 509(a)(1) or section 50 (Check the box in lines 12a through 12d that describes the type of supporting organization and c a Type II. A supporting organization operated, supervised, or controlled by its supported organization of the supporting organization operated in connection with, and its supported organization. You must complete Part IV, Sections A and B. Type III functionally integrated. A supporting organization operated in conn	structions).				
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 17 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). An organization that normally receives a substantial part of its support from a governmental described in section 170(b)(A)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(iv). Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(iv). Complete Part III.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, receipts from activities related to its exempt functions - subject to certain exceptions, and (2) in support from gross investment income and unrelated business taxable income (less section 510) and organization organized and operated exclusively to test for public safety. See section 509(a) An organization organized and operated exclusively to test for public safety. See section 509(a) An organization organized and operated exclusively for the benefit of, to perform the functions of one or more publicly supported organizations described in section 509(a)(1) or section 50 Check the box in lines 12a through 12d that describes the type of supporting organization and concern organization organization operated, supervised, or controlled by its supported organization and control or management of the supporting organization vested in the same persons that control or management of the supporting organization operated in connection with that is not functio						
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 17 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a section 170(b)(1)(A)(iv). (Complete Part II.) A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(xi) operated in conjunct or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, a university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, receipts from activities related to its exempt functions - subject to certain exceptions, and (2) in support from gross investment income and unrelated business taxable income (less section 510 acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively for the benefit of, to perform the functions of one or more publicly supported organizations described in section 509(a)(1) or section 50 (a) and a complete part III. Sections and concent organization organization operated exclusively for the benefit of, to perform the functions of one or more publicly supported organizations describes the type of supporting organization and concent organization organization operated in connection with its supported organization organization operated in section 509(a)(1) or section 50 (a) and Type II. A supporting organization operated in connection with that is not functionally integrated. A supporting organization operated in connection with that is not f	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).					
A medical research organization operated in conjunction with a hospital described in section 17 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a section 170(b)(1)(A)(iv). (Complete Part II.) A lederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(xi) operated in conjunct or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, a university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, receipts from activities related to its exempt functions - subject to certain exceptions, and (2) support from gross investment income and unrelated business taxable income (eless section 51 acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(1) and organization organizated and operated exclusively for the benefit of, to perform the functions of one or more publicly supported organizations described in section 509(a)(1) or section 50 Check the box in lines 12a through 12d that describes the type of supporting organization and c a Type I. A supporting organization operated, supervised, or controlled by its supported organization organization organization operated in connection with the supporting organization organization operated in connection with that is not functionally integrated. The organization operated in connection with that is not functionally integrated. The organization operated in connection with that is not functionally integrated. The organization operated in connec	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
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that is not functionally integrated. The organization generally must satisfy a distribution requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e	nd E.					
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Tyr functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations. g Provide the following information about the supported organization (described on lines 1-10 above (see instructions)) (ii) Name of supported organization (iii) EIN (iiii) Type of organization (inset in your governing document? Yes No (A) (B) (C)	its suppor	ted organization(s)				
Check this box if the organization received a written determination from the IRS that it is a Tyre functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations	rement and	d an attentiveness				
functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations						
f Enter the number of supported organizations. g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization function (v) Amount of supported organization (support instructions)) (A) (B) (C)	∕pe I, Type I	II, Type III				
g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (A) (B) (C)						
(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (A) (B) (iii) Type of organization (listed in your governing document? Yes No (V) Amount of support instructions (vi) Is the organization listed in your governing document? Yes No (C)						
(described on lines 1-10 above (see instructions)) Column						
(A) (B) (C)		(vi) Amount of				
(A) Yes No (B) (C)		other support (see instructions)				
(B) (C)		,				
(B) (C)						
(C)						
(C)						
(D)						
(E)						
\						
Total						

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,387,601.	21,421,797.	20,884,007.	24,110,148.	17,374,571.	106,178,124.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	22,387,601.	21,421,797.	20,884,007.	24,110,148.	17,374,571.	106,178,124.
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)						11,414,526.
6	Public support. Subtract line 5 from line 4						94,763,598.
	tion B. Total Support	4 > 0044	#1.0045	43,0040	(1) 00 (7		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	22,387,601.	21,421,797.	20,884,007.	24,110,148. 580,004.	17,374,571. 969,591.	3,817,954.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH. 1	1,337,604.	49,736.	27,524.	47,265.	1,078,892.	2,541,021.
11	Total support. Add lines 7 through 10						112,537,099.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	87,072,273.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup						0.4 0.1 **
14	Public support percentage for 2018 (li		-			14	84.21 % 86.74 %
15	Public support percentage from 2017	•	•			15	
16a	331/3% support test - 2018. If the org						
L	box and stop here. The organization q	•		•			
D	331/3% support test - 2017. If the org this box and stop here. The organization	=					
172	10%-facts-and-circumstances test - 2	-		-			
11a		_					
	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 - 2						
	15 is 10% or more, and if the orga	-					
	Explain in Part VI how the organizati						-
	supported organization				-		
18	Private foundation. If the organization						
	instructions						
		• • • • • • • • • • • • • • •				abadula A (Farm 0	

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, i	'	,	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	, ,						
•	organization without charge						
6	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons 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 from						
<u></u>	line 6.)						
	tion B. Total Support	(=) 004.4	/b) 0045	(=) 0040	(4) 0017	(5) 0040	(A) T-4 1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
ıva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
_	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth.	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	· ·	· ·		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Schee					16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2018 (lin			13, column (f))		17	%
18	Investment income percentage from 2017 S					18	%
	331/3% support tests - 2018. If the org						
. u	17 is not more than 331/3%, check this						
h	331/3% support tests - 2017. If the orga	-	-	•		• • •	
b	line 18 is not more than 331/3 %, check				· ·		
20	Private foundation. If the organization of		-	•			

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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				- 3
Part	Supporting Organizations (continued)			
			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?	110		
h	A family member of a person described in (a) above?	11a 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		
	ion B. Type I Supporting Organizations	110		
	on 2. Type i oupperung organizatione		Yes	No
4	Did the directors tructors or membership of one or more supported organizations have the newer to			
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.			
34	<u> </u>	2		
Secti	on C. Type II Supporting Organizations		Vaa	N ₀
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	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		
Secti	on 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 ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.	duod	O110 _/ .	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
•	Astrice Test Assessed Astronomy (a) and (b) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	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	<u>.</u>		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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	Ja		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(71) 1 1101 1 Cal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
		(A) FIIOI Teal	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall		ted Type III cupporting	n organization (coo
instructions).	y iiilegia	ited Type III supporting	y organization (See
այցաստային արագահանգության առաջանական առաջանական առաջանական առաջանական առաջանական առաջանական առաջանական արագահ			

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

Secti	on D - Distributions	oupporting organizat	iiono (comunaca)	Current Year
1	Amounts paid to supported organizations to accomplish ex	Ourrent rear		
	Amounts paid to perform activity that directly furthers exer			
-	organizations, in excess of income from activity	ou		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets	oco or supported organiz	Lationio	
<u>.</u>	Qualified set-aside amounts (prior IRS approval required)			
 6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
<u>J</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from			
4				
	Section D, line 7: \$ Applied to underdistributions of prior years			
<u>a</u> b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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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.)

					ATTACHMENT 1		
SCHEDULE A, PART II	SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL	
FUNDRAISING EVENTS	89,079.	49,736.	27,524.	47,265.		213,604.	
MISCELLANEOUS	1,248,525.				1,078,892.	2,327,417.	
TOTALS	1,337,604.	49,736.	27,524.	47,265.	1,078,892.	2,541,021.	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

WASHINGTON COLLEGE 52-0591691 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization WASHINGTON COLLEGE

Employer identification number 52-0591691

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 800,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization WASHINGTON COLLEGE

Employer identification number 52-0591691

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$, 1,041,737.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization WASHINGTON COLLEGE **Employer identification number** 52-0591691

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FMV - PROPERTY/LAND		
		\$1,934,490.	06/30/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	FMV - PROPERTY/LAND		
		\$450,025.	06/30/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization WASHINGTON COLLEGE **Employer identification number** 52-0591691 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

Relationship of transferor to transferee

(e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Transferee's name, address, and ZIP + 4

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WAS	HINGTON COLLEGE	52-0591691							
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.								
	(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that the assets held i	in donor advised							
	funds are the organization's property, subject to the organization's exclusive legal control?								
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant full								
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose								
	conferring impermissible private benefit?								
Pa	rt II Conservation Easements.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.								
1	Purpose(s) of conservation easements held by the organization (check all that apply).								
	Preservation of land for public use (e.g., recreation or education) X Preservation of	of a historically important land area							
	Protection of natural habitat X Preservation of	of a certified historic structure							
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation							
	easement on the last day of the tax year.	Held at the End of the Tax Year							
а	Total number of conservation easements	2a 15.							
b	Total acreage restricted by conservation easements	2b 4.00							
С	Number of conservation easements on a certified historic structure included in (a)	2c 8.							
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	4							
	historic structure listed in the National Register	2d 4.							
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the							
	tax year	1							
4	Number of states where property subject to conservation easement is located ▶								
5		Does the organization have a written policy regarding the periodic monitoring, inspection, handling of							
•	violations, and enforcement of the conservation easements it holds?								
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year							
-									
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year							
8	▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170/h)/4)/P)/i)							
0									
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and								
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	•							
	organization's accounting for conservation easements.								
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.								
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	evenue statement and balance sheet							
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educe public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the control	cation, or research in furtherance of							
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re								
b	works of art, historical treasures, or other similar assets held for public exhibition, educ								
	public service, provide the following amounts relating to these items:	in in initial of the second of							
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$							
	(ii) Assets included in Form 990, Part X								
2	If the organization received or held works of art, historical treasures, or other similar a								
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	:							
а	Revenue included on Form 990, Part VIII, line 1	> \$							
b	Assets included in Form 990, Part X	▶ \$							

Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintain	ing Collections of	Art, Historical Tre	easures, or	Other	Similar Assets (d	continu		age =	
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 app	ly):								
а	X Public exhibition		d Loan	or exchange	program	ns				
b	X Scholarly research		e Other							
С	Preservation for future gene	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII.									
5	During the year, did the organization	on solicit or receive o	donations of art, hist	orical treasu	ires, or o	other similar			_	
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No									
Part IV Escrow and Custodial Arrangements.										
	Complete if the organiza	ation answered "Ye	es" on Form 990, I	Part IV, line	9, or re	eported an amoui	nt on F	orm		
	990, Part X, line 21.									
1 a	Is the organization an agent, truste								_	
	included on Form 990, Part X?						Yes		No	
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the following ta	ble:						
						Amount				
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an am					_	Yes		No	
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanation	n has been p	rovided c	on Part XIII				
Pa	rt V Endowment Funds.									
	Complete if the organiza	ation answered "Ye	es" on Form 990,							
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years back	(e) Fou			
1a	Beginning of year balance	232,154,292.	217,575,352.	198,135		204,240,520.	204,			
b	Contributions	5,575,749.	8,253,377.	9,559	,010.	11,635,309.	7,	952,	730.	
С	Net investment earnings, gains,									
	and losses	11,813,731.	18,765,781.	20,228	,586.	-7,682,919.			615.	
d	Grants or scholarships	9,853,952.	7,610,194.	5,815	,564.	5,771,738.	4,	553,	,576.	
	Other expenditures for facilities									
	and programs	3,004,511.	4,830,024.	4,532	,100.	4,285,752.	4,	870,	646.	
f	Administrative expenses									
g	End of year balance	236,685,309.	232,154,292.	217,575	,352.	198,135,420.	204,	240,	520.	
2	Provide the estimated percentage	of the current year	end balance (line 1a	. column (a))	held as:					
а	Board designated or quasi-endown	nent ▶3.0000)_%	(//						
b	Permanent endowment ▶ 71.0	0000 %								
С	Temporarily restricted endowment	▶ 26.0000 %								
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.							
3a	Are there endowment funds not in	the possession of the	ne organization that	are held an	d admini	istered for the				
	organization by:							Yes	No	
	(i) unrelated organizations						3a(i)		X	
	(ii) related organizations						3a(ii)		X	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	nedule R?			3b			
4	Describe in Part XIII the intended		tion's endowment fu	nds.						
Part VI Land, Buildings, and Equipment.										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value									
	Becomption of property		tment) (d	other)		eciation				
1a	Land			946,623.			20,9			
b	Buildings		224,	597,452.	88,64	47,678.	135,9	49,7	74.	
С	Leasehold improvements									
d	Equipment			167,214.			34,1			
	Other			720,073.		92,189.	-6,0			
Γota	I. Add lines 1a through 1e. (Column	n (d) must equal Forr	n 990, Part X, colum	n (B), line 10	Oc.)	 	184,9	91,4	195.	

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Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) HEDGE FUNDS	39,657,565.	FMV		
(B) REAL ESTATE	11,309,489.	FMV		
(C) LIMITED PARTNERSHIPS	19,038,320.	FMV		
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	70,005,374.			
Part VIII Investments - Program Related.				
Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11c. See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valua	(c) Method of valuation: Cost or end-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	"Ves" on Form 990	Part IV line 11d See Form 990	Part X line 15	
		, 1 art 17, iiile 11d. Gee 1 oilii 330	(b) Book value	
	scription		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8)				
(9)	45 \			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	rie 15.)			
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,	
1. (a) Description of liability	(b) Book valu	e		
(1) Federal income taxes	(2) 200K valu	-		
(2) FUNDS HELD FOR OTHERS	698,9	992.		
(3) ANNUITIES PAYABLE	526,			
(4) INTEREST RATE SWAP	7,207,0			
(5)	.,20,,			
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 8,432,506. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII WASHINGTON COLLEGE

Schedule D (Form 990) 2018 Page 4

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains (losses) on investments. 2 Lo 3 Net coverries of prior year grants. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 Amounts included on Form 990, Part VIII, line 7b: 4 Amounts included on Form 990, Part VIII, line 7b: 5 Total revenue. Add lines 3 and 4e, (This must equal Form 990, Part IV, line 12). 1 Total opposes and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total opposes and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12b. 2 Amounts included on line 1 but not no Form 990, Part IV, line 25: 3 Donated services and use per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12b. 2 Amounts included on line 1 but not no Form 990, Part IV, line 25: 3 Donated services and uses per audited financial statements and the service of the part IV, line 12b. 4 Amounts included on form 990, Part IV, line 25: 4 Donated services and uses per audited financial statements and the service of the service of facilities and	Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n.	1 age 4
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
a Net unrealized gains (losses) on investments		· · · · · · · · · · · · · · · · · · ·	1	72,107,542.
b Donated services and use of facilities . 2b		-		
C Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 5 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25: a Investment expenses and losses per audited financial statements 4 Amounts included on Form 990, Part IX, line 25: b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	_	Net ullealized gall's (1035e3) of livestifierts 111111111111111111111111111111111111	1	
Other (Describe in Part XIII.) 2d -34,316,104.		Donated services and use of lacinities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1	
e Add lines 2a through 2d 2e -27,465,247. 3 Subtract line 2e from line 1. 3 99,572,789. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a 899,540. b Other (Describe in Part XIII.) 4b -22,883. 4c 876,657. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 100,449,446. Part XIII. Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 68,964,489. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b Drivice adjustments 2b 2 Add lines 2a through 2d 2c 2 Add lines 2a through 2d 3 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 1: 4a	_	24 216 104	1	
3 99,572,789. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4a 899,540. b Other (Describe in Part XIII.) 4b -22,883. c Add lines 4a and 4b 4c 876,657. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 100,449,446. Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 68,964,489. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b 2c b Prior year adjustments 2b 2c 2c 8d 22,883. e Add lines 2a through 2d 2d 22,883. e Add lines 2a through 2d 2d 22,883. 3 Subtract line 2e from line 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·	2e	-27,465,247.
a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	3		3	99,572,789.
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) Fart XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
c Add lines 4a and 4b	а	investment expenses not included on Form 990, Fart VIII, line 70	-	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Cother losses. Other (Describe in Part XIII.) Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Total expenses. Add 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 XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	b	Other (Describe in Fait Alli.)	-	076 657
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. 1 Total expenses and losses per audited financial statements				•
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements				100,110,110.
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	Tart	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	41 1 1.	
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	1	Total expenses and losses per audited financial statements	1	68,964,489.
b Prior year adjustments				
c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b C Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	а	Donated services and use of facilities		
d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	b	The year adjustments 111111111111111111111111111111111111	-	
e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.). c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	С	00.003	-	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.	d	Other (Describe III Fait Alli.)		22 002
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		•		,
a Investment expenses not included on Form 990, Part VIII, line 7b			-	00731170001
b Other (Describe in Part XIII.)		. 000 F40		
c Add lines 4a and 4b	_	investment expenses not included on Form 990, Fart VIII, line 75.	1	
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		·	4c	33,271,310.
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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	102,212,916.
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.				
SEE PAGE 5			nation	•
	SEE	PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018 WASHINGTON COLLEGE 52-0591691 Page **5**

Part XIII Supplemental Information (continued)

CONSERVATION EASEMENTS

SCHEDULE D, PART II, LINE 9

WASHINGTON COLLEGE HAS NOT REPORTED EASEMENTS IN THE FINANCIAL STATEMENTS. TWO BUILDINGS WERE PURCHASED AND BOOKED AT COST AND THESE HAVE WRITTEN EASEMENTS ON THEM. NINE BUILDINGS FALL WITHIN THE CHESTERTOWN, MARYLAND HISTORIC DISTRICT, WHICH REGULATES THEIR EXTERIOR APPEARANCE. EIGHT OF THESE BUILDINGS ARE DEEMED HISTORICAL BY THE STATE OF MARYLAND AND EXTERIORS MUST BE APPROVED FOR MODIFICATIONS. HYNSON RINGGOLD HOUSE EASEMENTS INCLUDES THE INTERIOR MOLDINGS. HYNSON RINGGOLD AND CUSTOM HOUSE(S) EASEMENTS INCLUDE THE INTERIORS.

DESCRIPTION OF ORGANIZATION'S COLLECTIONS

SCHEDULE D, PART III, LINE 4

WASHINGTON COLLEGE HOLDS A SIGNIFICANT PLACE IN THE HISTORY OF AMERICAN HIGHER EDUCATION. OUR HERITAGE AS THE FIRST COLLEGE OF THE NEW NATION LIVES TODAY IN OUR COMMITMENT TO EDUCATING CONFIDENT CITIZENS AND LEADERS CAPABLE OF ADVANCING THE DEMOCRATIC AND CIVIC TRADITIONS OF THE FOUNDING FATHERS. THE COLLEGE HAS NUMEROUS WORKS OF ART, MUSIC AND HISTORY THAT ARE USED OR VIEWED DAILY IN OUR COMMITMENT TO EDUCATION.

INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUND OF WASHINGTON COLLEGE IS INVESTED TO PROVIDE AN ANNUAL 5% (3 YR ROLLING AVERAGE) RETURN TO BE USED FOR SCHOLARSHIPS, BUILDING MAINTENANCE, PROGRAM ENHANCEMENTS, CHAIR SALARY SUPPLEMENTS, ATHLETIC SUPPORT, BOOKS, AND EDUCATIONAL PRIZES.

Schedule D (Form 990) 2018 WASHINGTON COLLEGE 52-0591691 Page **5**

Part XIII Supplemental Information (continued)

FIN 48 FOOTNOTE (ASC 740)

SCHEDULE D, PART X, LINE 2

UNDER PROVISIONS OF THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND APPLICABLE INCOME TAX REGULATIONS OF THE STATE OF MARYLAND, THE COLLEGE IS EXEMPT FROM TAXES ON INCOME, OTHER THAN UNRELATED BUSINESS INCOME.

THE COLLEGE RECOGNIZES OR DERECOGNIZES A TAX POSITION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE COLLEGE DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS.

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$39,242

CHANGE IN FMV OF INTEREST RATE SWAP (\$1,983,576)

GRANTS, SCHOLARSHIPS, AND OTHER TUITION DISCOUNTS (\$32,371,770)

TOTAL (\$34,316,104)

SCHEDULE D, PART XI, LINE 4B

RECLASS OF SPECIAL EVENT EXPENSES (\$22,883)

SCHEDULE D, PART XII, LINE 2D

RECLASS OF SPECIAL EVENT EXPENSES \$22,883

SCHEDULE D, PART XII, LINE 4B

GRANTS, SCHOLARSHIPS, AND OTHER TUITION DISCOUNTS \$32,371,770

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

2018

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection
Employer identification number

52-0591691

Name of the organization
WASHINGTON COLLEGE

YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, Х 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, Χ 2 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 Χ 3 SEE SUPPLEMENTAL PAGE Does the organization maintain the following? Χ Records indicating the racial composition of the student body, faculty, and administrative staff?........ Records documenting that scholarships and other financial assistance are awarded on a racially X c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing X Copies of all material used by the organization or on its behalf to solicit contributions?......... 4d Χ 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: Χ Χ 5b Χ Employment of faculty or administrative staff?........... Χ Scholarships or other financial assistance?........ Χ Χ Χ 5g Χ If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Χ 6a Has the organization's right to such aid ever been revoked or suspended?............ Χ If you answered "Yes" on either line 6a or line 6b, explain on Part II. 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

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

Schedule E (Form 990 or 990-EZ) 2018

Page 2

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY

SCHEDULE E, PART I, LINE 3

THE RACIALLY NONDISCRIMINATORY POLICY IS PROVIDED IN THE STUDENT

HANDBOOK, THE FACULTY HANDBOOK, THE STAFF HANDBOOK, THE COLLEGE CATALOG,

AND ON THE COLLEGE'S WEBSITE.

GOVERNMENT ASSISTANCE

SCHEDULE E, PART I, LINE 6A

THE COLLEGE RECEIVES ANNUAL GRANTS FROM FEDERAL, STATE AND LOCAL

AGENCIES.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WASHINGTON COLLEGE

Inspection Employer identification number

52-0591691

Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	answered "Yes" or
1	For grantmakers. Does the orga assistance, the grantees' eligibili	nization mainta			a used to award the	X Yes No
	grants or assistance?					X Yes No
2	For grantmakers. Describe in loutside the United States.	Part V the org	anization's pro	ocedures for monitoring th	ne use of its grants an	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional spa	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	0.	GRANTMAKING		386,907.
(2)	EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		286,800.
(3)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		109,000.
(4)	SOUTH AMERICA	0.	0.	GRANTMAKING		59,142.
(5)	SOUTH ASIA	0.	0.	GRANTMAKING		98,108.
(6)	SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		72,142.
(7)	CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		20,500.
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b						1,032,599.
С	sheets to Part I Totals (add lines 3a and 3b)					1,032,599.

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

Part II	Part IV, line 15, for ar	ssistance to Organization of the contraction of the	d more than \$5,000	Part II can be o	duplicated if addit	ional space is	needed.		1
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	he IRS, or for which the gra	organizations listed above intee or counsel has provide ganizations or entities	ed a section 501(c)(3)	equivalency lette	r		•		

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANTS AND SCHOLARSHIPS	CENT. AMERICA/CARIBBEAN	1.	20,500.	ACCT. CREDIT			
(2) GRANTS AND SCHOLARSHIPS	EAST ASIA/PACIFIC	21.	286,800.	ACCT. CREDIT			
(3) GRANTS AND SCHOLARSHIPS	EUROPE/ICELAND/GREENLAND	13.	386,907.	ACCT. CREDIT			
(4) GRANTS AND SCHOLARSHIPS	MIDDLE EAST/NORTH AFRICA	5.	109,000.	ACCT. CREDIT			
(5) GRANTS AND SCHOLARSHIPS	SOUTH AMERICA	2.	59,142.	ACCT. CREDIT			
(6) GRANTS AND SCHOLARSHIPS	SOUTH ASIA	5.	98,108.	ACCT. CREDIT			
(7) GRANTS AND SCHOLARSHIPS	SUB-SAHARAN AFRICA	3.	72,142.	ACCT. CREDIT			
_ (8)							
_ (9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(</u> 13)							
(14)							
<u>(</u> 15)							
<u>(</u> 16)							
<u>(17)</u>							
(18)							

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

rarı	roreign 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)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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)	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018 Page **5**

Part V Suppleme

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).

PROCEDURE FOR MONITORING USE OF GRANT FUNDS OUTSIDE U.S.

SCHEDULE F, PART I, LINE 2

WASHINGTON COLLEGE AWARDED \$1,032,599 IN SCHOLARSHIPS FOR 6/30/19.

WASHINGTON COLLEGE OFFERS SEVERAL TYPES OF FINANCIAL AID TO HELP

QUALIFIED FULL-TIME UNDERGRADUATE STUDENTS MEET THEIR COLLEGE EXPENSES.

COLLEGE-SPONSORED TUITION SCHOLARSHIPS, TUITION GRANTS, AND WORK/STUDY

ARE AVAILABLE TO FULL-TIME UNDERGRADUATE STUDENTS WHO DEMONSTRATE

FINANCIAL NEED AND WHO MEET THE COLLEGE'S ADMISSION CRITERIA. IN ADDITION

TO COLLEGE-SPONSORED FINANCIAL AID, ELIGIBLE STUDENTS CAN RECEIVE

ASSISTANCE FROM FEDERAL, STATE, AND INDEPENDENT AID PROGRAMS. GRANT AND

SCHOLARSHIP ASSISTANCE FROM ALL SOURCES IS FIRST APPLIED TO FULL-TIME

TUITION CHARGES. GRANT AND SCHOLARSHIP ASSISTANCE IN EXCESS OF TUITION IS

THEN APPLIED TO DIRECT COLLEGE CHARGES FOR FEES, AND ON CAMPUS ROOM AND

BOARD. THE FEDERAL GOVERNMENT MAKES FFELP FUNDS AVAILABLE TO

UNDERGRADUATE STUDENTS TO ATTEND POST-SECONDARY INSTITUTIONS. ELIGIBILITY

IS BASED ON FINANCIAL NEED, AND APPLICATION IS THROUGH THE NORMAL

FINANCIAL AID APPLICATION PROCESS OF WASHINGTON COLLEGE.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

WASHINGTON COLLEGE					52-0591691	
Form 990-EZ filers are no				"Yes" on Form 9	990, Part IV, line	17.
1 Indicate whether the organization r a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations	aised funds through	any of the X Solid X Solid	following a citation of r citation of g	activities. Check a non-government g government grants ising events	rants	
 Did the organization have a written or key employees listed in Form 95 If "Yes," list the 10 highest paid in compensated at least \$5,000 by th 	90, Part VII) or entity dividuals or entities	y in connec	ction with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				21,455.	85,291.	
3 List all states in which the organize registration or licensing. MD, NV, NH, NJ, NY, NC, VA,	zation is registered	or licensed	a to solicit	contributions of	nas been notilied	it is exempt from

52-0591691

WASHINGTON COLLEGE

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (F	Form 990 or 990-EZ) 2018	Page 2
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or I	eported
	more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and	6b. List
	events with gross receipts greater than \$5,000.	

		events with gross receipts gre	eater than \$5,000.	· ·	·	
			(a) Event #1 ATHLETICS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	95,855.		0.	95,855
ፚ	2	Less: Contributions			0.	
		Gross income (line 1 minus			0.	
		line 2)	95,855.		0.	95,855
	4	Cash prizes			0.	
	5	Noncash prizes			0.	
sesu	6	Rent/facility costs			0.	
Direct Expenses	7	Food and beverages	5,534.		0.	5,534
Direct	8	Entertainment	8,714.		0.	8,714
	9	Other direct expenses	8,635.		0.	8,635
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)	_	22,883
	11	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)		72,972
Pa		Gaming. Complete if the org	anization answered "\			reported more than
		\$15,000 on Form 990-EZ, lin	ie 6a. □			
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
uses	2	Cash prizes				
rect Expenses		Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
_	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a	ì	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
10a	1	Were any of the organization's gaming	a licenses revoked sust	pended, or terminated d	uring the tax year?	Yes No
k		If "Yes," explain:	-			NO

WASHINGTON COLLEGE

Sched	dule G (Form 990 or 990-EZ) 2018	Page 3
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С		
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	Director/officer	
17	Mandatory distributions:	
а		
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	_
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2018

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF		DID FUNDRAISER HAVE	GROSS RECEIPTS	AMOUNT PAID TO	AMOUNT PAID TO
FUNDRAISER	ACTIVITY	CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	FROM ACTIVITY	(OR RETAINED BY FUNDRAISER	(OR RETAINED BY ORGANIZATION
EAB	MAILINGS & CALLS	X	21,455.	85,291.	

P.O. BOX 603519 CHARLOTTE NC 28260

SCHEDULE I (Form 990)

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

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identification	on number
WASHINGTON COLLEGE	52-0591691						
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Con	nplete if the organiza	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	oe duplicated if	additional space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruct	ted in the line	1 table				>	edule I (Form 990) (2018)

JSA

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EMPLOYEE WAIVERS	54.	1,004,897.			
2 GRANTS AND SCHOLARSHIPS	1,297.	30,334,274.			
3					
4					
5					
6					
7					

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

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

SCHEDULE I, PART I, LINE 2

WASHINGTON COLLEGE AWARDED \$30,334,274 IN SCHOLARSHIPS FOR 6/30/19.

WASHINGTON COLLEGE OFFERS SEVERAL TYPES OF FINANCIAL AID TO HELP

QUALIFIED FULL-TIME UNDERGRADUATE STUDENTS MEET THEIR COLLEGE EXPENSES.

COLLEGE-SPONSORED TUITION SCHOLARSHIPS, TUITION GRANTS, AND WORK/STUDY

ARE AVAILABLE TO FULL-TIME UNDERGRADUATE STUDENTS WHO DEMONSTRATE

FINANCIAL NEED AND WHO MEET THE COLLEGE'S ADMISSION CRITERIA. IN ADDITION

TO COLLEGE-SPONSORED FINANCIAL AID, ELIGIBLE STUDENTS CAN RECEIVE

ASSISTANCE FROM FEDERAL, STATE, AND INDEPENDENT AID PROGRAMS. GRANT AND

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

art III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

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

SCHOLARSHIP ASSISTANCE FROM ALL SOURCES IS FIRST APPLIED TO FULL-TIME

TUITION CHARGES. GRANT AND SCHOLARSHIP ASSISTANCE IN EXCESS OF TUITION IS

THEN APPLIED TO DIRECT COLLEGE CHARGES FOR FEES, AND ON CAMPUS ROOM AND

BOARD. THE FEDERAL GOVERNMENT MAKES FFELP FUNDS AVAILABLE TO

UNDERGRADUATE STUDENTS TO ATTEND POST-SECONDARY INSTITUTIONS. ELIGIBILITY

IS BASED ON FINANCIAL NEED, AND APPLICATION IS THROUGH THE NORMAL

FINANCIAL AID APPLICATION PROCESS OF WASHINGTON COLLEGE.

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WASHINGTON COLLEGE

Part I Questions Regarding Compensation

Employer identification number

52-0591691

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments			
	Discretionary spending account X Personal services (such as maid, chauffeur, chef)			
	Many of the house of the Asian should be the consideration follows a section of the consideration of the considera			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8	Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	X	1

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

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KURT LANDGRAF	(i)	400,000.	0.	7,800.	30,000.	7,335.	445,135.	0.
1 PRESIDENT/MEMBER	(ii)	0.	0.	0.	0.	0.	0.	0.
VICTOR SENSENIG	(i)	141,523.	0.	0.	14,514.	23,399.	179,436.	0.
2 ^{CHIEF OF STAFF & VP PLANNING}	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICE DIQUINZIO	(i)	187,500.	0.	1,000.	14,062.	12,529.	215,091.	0.
3PROVOST & DEAN	(ii)	0.	0.	0.	0.	0.	0.	0.
SARAH FEYERHERM	(i)	159,000.	25,271.	0.	11,925.	10,612.	206,808.	0.
4 ^{VP} STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN L. SEIDEL	(i)	158,008.	0.	1,000.	12,525.	21,120.	192,653.	0.
5 DIRECTOR OF ENVIRO STUDIES	(ii)	0.	0.	0.	0.	0.	0.	0.
PENELOPE L. FARLEY	(i)	137,220.	108.	1,625.	10,292.	3,273.	152,518.	0.
6 CONTROLLER, END 6/30/2019	(ii)	0.	0.	0.	0.	0.	0.	0.
VALERIE RICHARD	(i)	140,100.	15,000.	0.	10,508.	9,281.	174,889.	0.
7ASSOC VP OF FACILITIES	(ii)	0.	0.	0.	0.	0.	0.	0.
LAURA JOHNSON	(i)	133,735.	0.	244.	10,030.	24,387.	168,396.	0.
8 FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
LORNA HUNTER	(i)	210,000.	0.	0.	15,750.	17,822.	243,572.	0.
9 ^{VP} ENROLLMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREA TRISCUIUZZI	(i)	105,641.	10,881.	24,496.	7,923.	27,516.	176,457.	0.
10 OF ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
SCOTT GREATOREX (END 9/ 11 ^{ASC VP ADVANCEMENT}	(i)	122,400.	20,000.	48,800.	9,180.	28,319.	228,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHEILA BAIR 12 ^{PRESIDENT - END 6/30/17}	(i)	0.	25,000.	408,000.	0.	24,965.	457,965.	0.
12 12 12 17 17 17	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018 Page 3

Part | 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.

COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 1A

HOUSING ALLOWANCE OR RESIDENCE

THE PRESIDENT OF WASHINGTON COLLEGE IS PROVIDED HOUSING AS A CONDITION OF HIS/HER EMPLOYMENT. A HOUSE IS PROVIDED ON CAMPUS FOR THE CONVENIENCE OF THE COLLEGE TO ENABLE THE PRESIDENT TO RESPOND TO EMERGENT SITUATIONS 24/7.

HEALTH OR SOCIAL CLUB DUES

THE PRESIDENT OF WASHINGTON COLLEGE IS REIMBURSED THE COST OF SOCIAL CLUB
DUES. TO THE EXTENT THAT THE PRESIDENT USES THE CLUB FOR PERSONAL
PURPOSES, THE VALUE OF THE BENEFIT IS INCLUDED IN HIS/HER TAXABLE INCOME.

PERSONAL SERVICES

THE PRESIDENT OF THE COLLEGE RECEIVED NOMINAL HOUSEKEEPING AND CHAUFFER SERVICES. THE PERSONAL SERVICES ARE PROVIDED AS A BUSINESS NEED.

HOUSEKEEPING SERVICES ARE FOR CLEANING THE COMMON AREAS USED FOR COLLEGE BUSINESS ONLY. THE CHAUFFER SERVICES ARE PROVIDED ONLY DURING BUSINESS

HOURS TO ALLOW THE PRESIDENT TO WORK ELECTRONICALLY WHILE TRAVELING,

Schedule J (Form 990) 2018 Page 3

Part | 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.

THOUGH SUCH INSTANCES ARE NOT COMMON.

SEVERANCE

SCHEDULE J, PART I, LINE 4A

DURING THE YEAR ENDED JUNE 30, 2018, WASHINGTON COLLEGE ENTERED INTO A

VOLUNTARY SEPARATION AGREEMENT WITH AN EMPLOYEE LISTED ON PART VII OF

FORM 990. DUE TO THE CONFIDENTIALITY AGREEMENT THAT WAS PART OF SUCH

SEPARATION WE ARE UNABLE TO DISCLOSE THE NAME OF THE EMPLOYEE. THE AMOUNT

PAID AS SEVERANCE IN CALENDAR YEAR 2019 WAS INCLUDED IN THEIR TAXABLE

COMPENSATION ON THIS FORM 990.

(f) Description of purpose

SCHEDULE K (Form 990)

Department of the Treasury

(a) Issuer name

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

(e) Issue price

► Attach to Form 990.

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

(b) Issuer EIN

OMB No. 1545-0047 Open to Public

Inspection

(g) Defeased

(i) Pooled

Employer identification number Name of the organization WASHINGTON COLLEGE 52-0591691 Part I **Bond Issues**

(c) CUSIP # (d) Date issued

(a) issuel fidille (b) issuel El	(c) COSIF #	(d) Date issue	u (e) iss	sue price	(i) Description of purpose				Deleased		behalf of issuer		ing
								Yes	No	Yes	No	Yes	No
A TOWN OF CHESTERTOWN, MARYLAND 52-600078	3	07/30/201	.3 57	,684,000.	REFUND 2009	AND 2010 BO	NDS		Х	Х			Х
B TOWN OF CHESTERTOWN, MARYLAND 52-600078:	3	11/24/201	.5 20	,206,000.	CAPITAL CONS	STRUCTION			х	х			Х
С													
D													
Part II Proceeds													
		-		A		В	(<u> </u>			D		
1 Amount of bonds retired			9,7	24,000	. 8	25,000.							_
2 Amount of bonds legally defeased													
3 Total proceeds of issue			57,6	84,000	. 20,2	06,000.							
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds			3	69,000	. 2	08,134.							
8 Credit enhancement from proceeds													_
9 Working capital expenditures from proceeds													_
10 Capital expenditures from proceeds					19,9	97,866.							_
11 Other spent proceeds			57,3	15,000									_
12 Other unspent proceeds			<u> </u>	<u> </u>									_
13 Year of substantial completion													_
Tour or outdearnian completion [1] [1] [1] [1] [1]			Yes	No	Yes	No	Yes	No		Yes		No	_
14 Were the bonds issued as part of a refunding issue of	tax-exempt h	onds (or	103		103	110	103	110		103			_
if issued prior to 2018, a current refunding issue)?			Х			X							
15 Were the bonds issued as part of a refunding issue of						21					+		—
issued prior to 2018, an advance refunding issue)?				Х		x							
			X	Λ	X	Λ			-				_
16 Has the final allocation of proceeds been made?			Λ		^						-		_
17 Does the organization maintain adequate books and re			37		7.7								
final allocation of proceeds? For Paperwork Reduction Act Notice, see the Instructions for Form 990.			X		X					edule l			_

JSA

Page 2 Schedule K (Form 990) 2018

Par	t III Private Business Use	OWN OF C	CHESTERTO	WN, MAR	YLAND					
			Α		В	(С	ŗ	D	
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	
	which owned property financed by tax-exempt bonds?	•	X		X					
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		X		X					
3a	Are there any management or service contracts that may result in private									
	business use of bond-financed property?			X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?	. X		X						
С	Are there any research agreements that may result in private business use of									
	bond-financed property?		X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
	outside counsel to review any research agreements relating to the financed property?.									_
4	Enter the percentage of financed property used in a private business use by entities									
	other than a section 501(c)(3) organization or a state or local government		3.2600 %		%		%			%
5	Enter the percentage of financed property used in a private business use as a									
	result of unrelated trade or business activity carried on by your organization,									
	another section 501(c)(3) organization, or a state or local government		%		%		%			%
	Total of lines 4 and 5	•	3.2600 %		%		%			%
7	Does the bond issue meet the private security or payment test?	•	X		X					_
8a	Has there been a sale or disposition of any of the bond-financed property to a									
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued	?	X		X					_
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or									
	disposed of	•	%		%		%			%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations									
	sections 1.141-12 and 1.145-2?	•								_
9	Has the organization established written procedures to ensure that all									
	nonqualified bonds of the issue are remediated in accordance with the									
	requirements under Regulations sections 1.141-12 and 1.145-2?	. X		X						_
Par	t IV Arbitrage									_
			Α		В		С		D	_
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and		No	Yes	No	Yes	No	Yes	No	_
	Penalty in Lieu of Arbitrage Rebate?	•	X		X					_
-	If "No" to line 1, did the following apply?									_
	Rebate not due yet?			X						_
	Exception to rebate?									
c	No rebate due?									_
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									_
3	Is the hand issue a variable rate issue?	X	1		X		1			

Part IV Arbitrage (Continued)								
		A	E	3	С		Г	D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	X			X				
b Name of provider	RBC/PNC							
c Term of hedge		25.000						
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X					
Part V Procedures To Undertake Corrective Action								
		A	E	3	(C	Г	D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		Х					
Part VI Supplemental Information. Provide additional information for responses to	o questior	ns on Sche	dule K. Se	ee instruct	ions			

52-0591691 WASHINGTON COLLEGE

Page 4 Schedule K (Form 990) 2018

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

JSA 8E1511 1.000 Schedule K (Form 990) 2018 0167203

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Employer identification number Name of the organization WASHINGTON COLLEGE 52-0591691

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		16.	737,230.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	Х	2.	2,384,515.	FMV			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the	-						
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a	-						
	contributions?					31	X	
32a	Does the organization hire or use	•	•	• •				
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) (2018) Page **2**

Part II Supplem

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

THIRD PARTY ASSISTANCE OF NON-CASH CONTRIBUTIONS

SCHEDULE M, PART I, LINE 32A

TO THE EXTENT THAT WASHINGTON COLLEGE RECEIVES DONATIONS OF SECURITIES,

VARIOUS THIRD PARTY BROKERS ARE TASKED WITH SELLING THESE SECURITIES.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

WASHINGTON COLLEGE

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 52-0591691

WRITTEN POLICIES FOR CHAPTERS, BRANCHES, OR AFFILIATES FORM 990, PART VI, LINE 10B

WASHINGTON COLLEGE CURRENTLY HAS TEN ACTIVE ALUMNI CHAPTERS OPERATING
THROUGHOUT THE U.S. AND ACTIVELY SEEKS NEW GEOGRAPHIC AREAS OF INTEREST.
THESE CHAPTERS ARE ORGANIZED AND SUPPORTED BY THE ALUMNI RELATIONS AND
ANNUAL GIVING OFFICE STAFF IN ORDER TO STRENGTHEN CONNECTIONS BETWEEN
ALUMNI AND WITH THE COLLEGE. ALUMNI CHAPTERS HAVE AT LEAST ONE ANNUAL
GATHERING FACILITATED BY VOLUNTEERS AND STAFF WHICH IS TYPICALLY FUNDED
BY THE COLLEGE'S OPERATING BUDGET. ADDITIONALLY, CHAPTERS MAY CHOOSE TO
PARTAKE IN FUNDRAISING THAT BENEFITS THE COLLEGE'S MISSION AND SUPPORTS
ITS APPROVED PRIORITIES. ALL FUNDRAISING EFFORTS FLOW THROUGH THE OFFICE
OF COLLEGE ADVANCEMENT.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

MANAGEMENT REVIEWS THE DRAFT OF THE 990 FOR ACCURACY AND RECONCILEMENT TO THE AUDITED FINANCIAL STATEMENTS. ONCE THIS REVIEW IS FINAL, A DRAFT COPY OF THE 990 IS PROVIDED TO THE CHAIRMAN OF THE BOARD AND THE AUDIT COMMITTEE CHAIRMAN FOR REVIEW AND COMMENTS FOR A 7 DAY PERIOD. A COPY OF THE DRAFT FORM 990 IS ALSO CIRCULATED TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER IS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990. AFTER APPROVAL OF THE 990, THE TAX PREPARER IS NOTIFIED TO FINALIZE THE RETURN FOR FILING. A FINAL 990 PRESENTATION SUMMARY IS PRESENTED TO ALL THE BOARD MEMBERS.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT FORM 990, PART VI, LINE 12C

ALL COVERED PERSONS SHALL DISCLOSE IN WRITING ANY POSSIBLE CONFLICT OF

INTEREST WITH REGARD TO A PROPOSED TRANSACTION OR ARRANGEMENT, AS WELL AS

ALL MATERIAL FACTS RELATED THERETO, TO THE BOARD AND TO THE APPROPRIATE

BOARD COMMITTEE, IF ANY, AT THE EARLIEST PRACTICAL TIME.

AFTER A POSSIBLE CONFLICT OF INTEREST HAS BEEN DISCLOSED, THE BOARD OR

COMMITTEE SHALL DISCUSS AND, IF NECESSARY, INVESTIGATE ALTERNATIVES TO

THE PROPOSED TRANSACTION OR ARRANGEMENT. ULTIMATELY, THE BOARD OR

COMMITTEE SHALL DETERMINE WHETHER THE COLLEGE CAN OBTAIN A MORE

ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A

PERSON THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST AND, IF SUCH

ALTERNATIVE TRANSACTION OR ARRANGEMENT IS NOT FEASIBLE, WHETHER THE

PROPOSED TRANSACTION OR ARRANGEMENT IS IN THE COLLEGE'S BEST INTEREST AND

WILL NOT COMPROMISE OR HAVE THE APPEARANCE OF COMPROMISING THE COLLEGE'S

ACADEMIC AND FISCAL INTEGRITY. THE INTERESTED PERSON SHALL REFRAIN FROM

PARTICIPATING IN THE DISCUSSION CONCERNING (AND FROM VOTING ON) THE ISSUE

THAT PRESENTS THE CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF

INTEREST, AND MAY BE ASKED TO LEAVE THE MEETING DURING DISCUSSION OF

AND/OR THE VOTE ON THE ISSUE.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINES 15A AND 15B

SINCE THE 1980'S, WASHINGTON COLLEGE HAS PURSUED A BOARD-AUTHORIZED

ASPIRATION TO COMPENSATE FACULTY, ON AVERAGE, AT THE ALL-RANKS AVERAGE OF

Name of the organization Employer identification number
WASHINGTON COLLEGE 52-0591691

INSTITUTIONS WITH A CARNEGIE CLASSIFICATION OF IIB (PRIVATE,
INDEPENDENT). IN 2012 THE BOARD REVISED THE GOAL TO COMPENSATE FACULTY ON
A RANK BY RANK AVERAGE OF PRIVATE INDEPENDENT COLLEGES. A SIMILAR
STANDARD FOR STAFF WAS DEVELOPED IN 2007 IN PARTNERSHIP WITH WATSON
WYATT. ALSO IN 2012, THE COLLEGE PARTNERED WITH SIBSON TO CONDUCT A
MARKET SALARY ANALYSIS OF ALL STAFF POSITIONS. AS A RESULT WE HAVE
ADOPTED AND IMPLEMENTED A REVISED MARKET BASED STAFF SALARY STRUCTURE
WHICH HAS 15 PAY LEVELS AND APPLIES TO BOTH EXEMPT AND NON EXEMPT STAFF.
WASHINGTON COLLEGE HAS REVISED IT COMPENSATION PHILOSOPHY TO READ AS
FOLLOWS:

WASHINGTON COLLEGE PROVIDES EMPLOYEES WITH A TOTAL COMPENSATION PACKAGE, COMPRISED OF BOTH SALARY AND BENEFITS, THAT RECOGNIZES AND REWARDS PERFORMANCE AND PRODUCTIVITY WHILE MAINTAINING A COMPETITIVE MARKET POSITION AND INTERNAL EQUITY. IN SUPPORT OF THE COLLEGE'S MISSION WE ENDEAVOR TO PROVIDE A LEVEL OF COMPENSATION, BOTH CASH AND BENEFITS, TO ATTRACT, MOTIVATE AND RETAIN THE QUALITY OF WORKFORCE NECESSARY FOR THE ACHIEVEMENT OF THE COLLEGE'S GOALS. THE COMPENSATION PROGRAM SHALL BE CONSISTENT, RESPONSIVE, TRANSPARENT, AND EQUITABLE.

THE COLLEGE IS COMMITTED TO A MERITOCRACY. OUR PERFORMANCE MANAGEMENT PROGRAM IS DESIGNED TO INCREASE THE PERSONAL AND PROFESSIONAL EFFECTIVENESS OF OUR STAFF INCLUDING PROVIDING STAFF WITH CLEAR PERFORMANCE EXPECTATIONS AND DEVELOPMENTAL OPPORTUNITIES. WE PROVIDE LEADERS WITH THE TOOLS AND TRAINING TO ENABLE THEM TO BUILD EFFECTIVE

TEAMS AND LEAD SUCCESSFULLY INCLUDING COACHING PERFORMANCE AND MAKING SOUND COMPENSATION DECISIONS.

THE PHILOSOPHY IS ACCOMPLISHED BY MAINTAINING ACCURATE JOB DESCRIPTIONS ON ALL POSITIONS AND BENCHMARKING JOBS AGAINST COMPARABLE POSITIONS IN THE MARKET. MARKET DATA IS DEVELOPED FROM NATIONAL DATA BASES, CUPA-HR SURVEYS AND LOCAL MARKET SURVEYS.

DECISIONS REGARDING COMPENSATION PROGRAMS AND INDIVIDUAL PAY DECISIONS WILL BE MADE BASED ON THE ABOVE OBJECTIVES AS WELL AS THE COLLEGE'S FINANCIAL SITUATION.

EACH SPRING, THE CHIEF OF STAFF PREPARES AN ANALYSIS OF COMPENSATION

PROVIDED TO COMPETITOR IIB COLLEGE PRESIDENTS USING DATA ANALYSIS

CONDUCTED BY THE COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION (CUPA-HR).

THE RESULTING SPREADSHEET IS PROVIDED TO THE VICE-CHAIR, ALONG WITH THE

EXECUTIVE MARKET-BASED LEVEL RANGE, TO INFORM ANY PAY ADJUSTMENT

RECOMMENDATION THAT MIGHT EMERGE FROM THE SUBCOMMITTEE'S ANNUAL

ASSESSMENT OF THE PRESIDENT'S PERFORMANCE. THE REPORT OF THE

SUBCOMMITTEE, ALONG WITH ANY PAY ADJUSTMENT RECOMMENDATION, IS PRESENTED

TO THE FULL BOARD OF VISITORS AND GOVERNORS FOR REVIEW AND APPROVAL IN

EXECUTIVE SESSION. ANY DECISION BY THE BOARD OF VISITORS AND GOVERNORS IS

RECORDED IN THE MINUTES OF THAT MEETING.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC FORM 990, PART VI, LINE 19

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization

WASHINGTON COLLEGE

52-0591691

THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

CHANGE IN NET ASSETS AND FUND BALANCES

FORM 990, PART IX, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$ 39,242

CHANGE IN FAIR MARKET VALUE OF INTEREST RATE SWAP (1,983,576)

TOTAL (1,944,334)

========

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

WASHINGTON COLLEGE CHALLENGES AND INSPIRES EMERGING CITIZEN LEADERS
TO DISCOVER LIVES OF PURPOSE AND PASSION.

CORE VALUES

WE SHARE THESE VALUES OF OUR FOUNDING PATRON, GEORGE WASHINGTON:
INTEGRITY, DETERMINATION, CURIOSITY, CIVILITY, LEADERSHIP, AND MORAL
COURAGE. WE OFFER ACADEMIC RIGOR AND SELF-DISCOVERY IN A SUPPORTIVE,
RESIDENTIAL COMMUNITY OF WELL-QUALIFIED, DIVERSE, AND MOTIVATED
INDIVIDUALS. WE DEVELOP IN OUR STUDENTS HABITS OF ANALYTIC THOUGHT
AND CLEAR COMMUNICATION, AESTHETIC INSIGHT, ETHICAL SENSITIVITY, AND
CIVIC RESPONSIBILITY.

Schedule O (Form 990 or 990-EZ) 2018 Page 2

Name of the organization

WASHINGTON COLLEGE 52-0591691

ATTACHMENT 1 (CONT'D)

Employer identification number

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

UNHURRIED CONVERSATION AND CLOSE CONNECTIONS WITH AN EXCEPTIONAL FACULTY AND STAFF COMPLEMENT A BROAD CURRICULUM OF STUDY. A BEAUTIFUL CAMPUS, READY ACCESS TO EXCITING CITIES AND THE CHESAPEAKE BAY, AND ENGAGEMENT WITH CULTURES AND COMMUNITIES LOCALLY AND AROUND THE WORLD AFFORD OUR STUDENTS AMPLE RESOURCES AND OPPORTUNITIES FOR PERSONAL EXPLORATION AND SHARED CHALLENGES.

WE PREPARE OUR STUDENTS FOR RICH AND FULFILLING LIVES; FOR MYRIAD AND UNPREDICTABLE OPPORTUNITIES; FOR A LIFETIME OF LEARNING, LEADERSHIP, AND PRODUCTIVE ENDEAVOR.

OUR VISION

THE ENDURING VALUES OF WASHINGTON COLLEGE - CRITICAL THINKING, EFFECTIVE COMMUNICATION, AND MORAL COURAGE - MOVE THE WORLD.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

WASHINGTON COLLEGE'S ACHIEVEMENTS INCLUDE SUCCEEDING AS AN INSTITUTION OF HIGHER EDUCATION PROMOTING HABITS OF ANALYTIC THOUGHT, AESTHETIC INSIGHT, IMAGINATION, ETHICAL SENSITIVITY AND CLARITY OF EXPRESSION WHILE SUCCESSFULLY GRADUATING STUDENTS AT A RATE OF 64% IN 4 YEARS. THE COLLEGE ENDEAVORS TO PREPARE ITS GRADUATES FOR FURTHER EDUCATION AND PRODUCTIVE CAREERS. WITH 40 MAJORS AND ACADEMIC PROGRAMS TO CHOOSE FROM, OVER 1,550 STUDENTS CAN DEVISE A COURSE OF STUDY THAT FITS THEIR INTELLECTUAL

ATTACHMENT 2 (CONT'D)

INTERESTS AND CAREER ASPIRATIONS. IN ADDITION TO TRADITIONAL
FIELDS OF STUDY, THEY MAY CHOOSE AN AREA OF CONCENTRATION IN
FIELDS SUCH AS BEHAVIORAL NEUROSCIENCE, CLINICAL PSYCHOLOGY OR
EAST ASIAN STUDIES, AMONG OTHERS. THE COLLEGE ALSO OFFERS
PROFESSIONAL PREPARATION TRACKS IN PREMEDICAL STUDIES AND
PRE-LAW, AS WELL AS DUAL DEGREE PROGRAMS IN ENGINEERING, NURSING
AND PHARMACY.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

WASHINGTON COLLEGE'S RESIDENTIAL LIFE PROGRAM PROVIDES STUDENTS
WITH OPPORTUNITIES AND EXPERIENCES THAT HELP THEM TO DEVELOP
RESPONSIBILITIES BOTH TO THEMSELVES AND TO THEIR FELLOW STUDENTS.

IT ATTEMPTS TO PROVIDE A RELAXING AND CALM ATMOSPHERE FOR STUDY
AND DAY-TO-DAY LIVING. INDEED, LIVING ON-CAMPUS IS TRULY THE
"OTHER-HALF" OF A COLLEGE EDUCATION. WITH APPROXIMATELY 27 DORMS
TO CHOOSE FROM, STUDENTS HAVE CHOICES OF SINGLE, DOUBLES OR
TRIPLES IN EACH ROOM/UNIT. HODSON HALL HOUSES THE DINING
FACILITIES FOR WASHINGTON COLLEGE. THE MAIN DINING HALL SEATS 500
ON TWO LEVELS. STUDENTS, FACULTY AND STAFF FIND MADE-TO-ORDER
MEALS ALONG WITH SELF-SERVE OPTIONS ALLOWING FOR A CUSTOMIZED
DINING EXPERIENCE. STUDENTS CHOOSE FROM FIVE MEALS PLANS WITH
ADDITIONAL OPTIONS FOR MEAL EQUIVALENCIES. CASUAL DINING IS
LOCATED ON THE FIRST FLOOR OF THE COMMONS. OPERATING UNTIL LATE
EVENING, OPTIONS INCLUDE MONDO SUBS, MARTHA'S KITCHEN, AND THE

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Name of the organization Employer identification number WASHINGTON COLLEGE 52-0591691

ATTACHMENT 3 (CONT'D)

CAMPUS COFFEE BAR, JAVA GEORGE.

CHESTERTOWN, MD 21620

ATTACHMENT 4

aan	DART VITT-	COMPENSATION	\cap E	тнг	$\pi T T T \pi$	HIGHEST	$D\Delta TD$	TMD	$C \cap MTP X CT \cap P C$

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE WHITING - TURNER CONTRACTING CO P.O. BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	9,371,293.
J.A. SCHEIBEL INC 115 PROSPECT DRIVE HUNTINGTOWN, MD 20639	CONTRACTOR	6,613,393.
COMPASS GROUP USA INC P.O. BOX 417632 BOSTON, MA 02241-7632	FOOD SERVICES	4,002,806.
JOSEPH T. RICHARDSON, INC. 105 E CENTER ST HARRINGTON, DE 19952	CONTRACTOR	759,009.
CHESAPEAKE FAMILY FLOORING INC. 7306 CHURCH HILL RD	FLOORING	735,417.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2018
Open to Public

Inspection

Name of the organization
WASHINGTON COLLEGE

Employer identification number 52-0591691

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if appli	cable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WC WATER LLC	27-0886807					
300 WASHINGTON ST	CHESTERTOWN, MD 21620	REAL ESTATE	MD	0.	0.	WC
(2) CHESTERTOWN RESIDENTIAL LLC	26-4539355					
300 WASHINGTON ST	CHESTERTOWN, MD 21620	REAL ESTATE	MD	0.	0.	WC
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

related organization	Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		Country)					Yes	No		Yes	No	
			country)					country) sections 512 - 514)		country) sections 512 - 514)	country sections 512 - 514)	country) sections 512 - 514)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Sched	lule R (Form 990) 2018				Page 3					
Par	Transactions With Related Organizations. Complete if the organization answered "Yes	s" on Form 990, Pa	rt IV, line 34, 35b, or 36.							
Not	e: 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 re	elated organizations lis	sted in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	la					
b	Gift, grant, or capital contribution to related organization(s)			1	l b					
С					1c					
d	Loans or loan guarantees to or for related organization(s)			1	ld					
е	Loans or loan guarantees by related organization(s)			1	le					
f	Dividends from related organization(s)			⊢	1f					
g	Sale of assets to related organization(s)				lg					
h	Purchase of assets from related organization(s).			⊢	Ih 1i					
i	i Exchange of assets with related organization(s)									
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)			· · · · · ⊢	l k					
I	Performance of services or membership or fundraising solicitations for related organization(s)				11					
m	Performance of services or membership or fundraising solicitations by related organization(s)				m					
n	3 3 4 - 4 - 4 - 4 - 4 - 4 - 4 -			I .	ln					
0	Sharing of paid employees with related organization(s)			1	lo					
р					l p					
q	Reimbursement paid by related organization(s) for expenses				lq					
	Others transfer of each common estate a solute decree shots				1r					
r	Other transfer of cash or property to related organization(s)			–	ls					
	Other transfer of cash or property from related organization(s)									
	(a)	(b)	(c)		d)					
	Name of related organization	Transaction type (a-s)	Amount involved	Method of	determining involved					
(1)										
(2)										
(3)										
(4)										
(5)										

Schedule R (Form 990) 2018

(6)

Schedule R (Form 990) 2018

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.

(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	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)												_	
(12)													
(13)												_	
(14)													
(15)													
								_					
(16)													

Schedule R (Form 990) 2018

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.