

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, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> and Form 8886, <i>Reportable Transaction Disclosure Statement</i>). 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 website. 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
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Acknowledgement Date	2020-07-13 14:56:24
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Status	Accepted
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Submission ID	23695320201955000169
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IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30, 20 19

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.

2018

Name of exempt organization

WASHINGTON COLLEGE

Employer identification number

52-0591691

Name and title of officer

LAURA JOHNSON, VP FINANCE

Part I Type of Return and Return Information (Whole Dollars Only)

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 ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>100449446.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	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

I authorize GRANT THORNTON LLP to enter my PIN 1 4 2 1 9 as my signature
ERO 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.

Officer's signature ▶

Date ▶ July 13, 2020

Part III Certification and Authentication

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

2 3 6 9 5 3 3 6 6 0 5

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 ▶

Date ▶ 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)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **07/01, 2018**, and ending **06/30, 2019**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **WASHINGTON COLLEGE**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: **300 WASHINGTON AVE**
 City or town, state or province, country, and ZIP or foreign postal code: **CHESTERTOWN, MD 21620-1197**

D Employer identification number: **52-0591691**

E Telephone number: **(410) 778-7224**

F Name and address of principal officer: **KURT M. LANDGRAF, PRESIDENT**
SAME AS C ABOVE

G Gross receipts \$: **162,873,080.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.WASHCOLL.EDU**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1782** **M** State of legal domicile: **MD**

H(c) Group exemption number ▶ _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>TO DEVELOP IN ITS STUDENTS THE HABITS OF ANALYTIC THOUGHT, AESTHETIC INSIGHT, IMAGINATION, ETHICAL SENSITIVITY, AND TO ENRICH THE CULTURAL AND INTELLECTUAL LIFE.</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 37.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 36.
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 1,578.
	6 Total number of volunteers (estimate if necessary) 6 372.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -344,234.
	7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
	8 Contributions and grants (Part VIII, line 1h) 8 24,110,148. 9 Program service revenue (Part VIII, line 2g) 9 79,797,612. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 8,332,509. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,516,257. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 113,756,526.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 31,472,952. 14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 38,166,824. 16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 21,852. 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16b 2,519,663. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 34,662,868. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 104,324,496. 19 Revenue less expenses. Subtract line 18 from line 12 19 9,432,030.	
20 Total assets (Part X, line 16) 20 452,219,934. 21 Total liabilities (Part X, line 26) 21 81,323,535. 22 Net assets or fund balances. Subtract line 21 from line 20. 22 370,896,399.	

Part II Signature Block

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

Sign Here

Signature of officer: *Laura M. Johnson* Date: **07/13/2020**
 Type or print name and title: **Laura M. Johnson, Vice President for Finance & Administration**

Paid Preparer Use Only

Print/Type preparer's name: **DANIEL ROMANO** Preparer's signature: *[Signature]* Date: **7/13/2020** Check if self-employed PTIN: **P00504182**
 Firm's name ▶ **GRANT THORNTON LLP** Firm's EIN ▶ **36-6055558**
 Firm's address ▶ **757 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10017** Phone no. **212-599-0100**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

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.**

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.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	WASHINGTON COLLEGE	52-0591691
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	300 WASHINGTON AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CHESTERTOWN, MD 21620-1197	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CONTROLLER

• The books are in the care of ▶ 515 WASHINGTON AVE CHESTERTOWN MD 21620

Telephone No. ▶ 410 778-7224 Fax No. ▶ 410 810-7105

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 07/01, 2018, and ending 06/30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cumulative e-File History 2018

FED

Tax Return

86803W

Return Type

990

TaxpayerWASHINGTON COLLEGE

Submitted Date 2019-10-28 12:46:48

Acknowledgement Date 2019-10-28 12:56:39

Status Accepted

Submission ID 23695320193015000010

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 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? Yes No

If "Yes," describe these changes on Schedule O.

4 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 \$ 0. including grants of \$ 0.) (Revenue \$ 13,673,458.)

ATTACHMENT 3

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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS requirements like grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational activities.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (37), 1b (36), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) H. LAWRENCE CULP, JR. CHAIR/MEMBER	1.00 0.	X		X				0.	0.	0.
(2) RICHARD L. CREIGHTON CO-VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) ANN HORNER CO-VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(4) LYNN L. BERGESON SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) GEOFFREY M. ROGERS, SR. TREASURER	1.00 0.	X		X				0.	0.	0.
(6) STEPHEN T. GOLDING CHAIR	1.00 0.	X		X				0.	0.	0.
(7) PATRICK WILLIAM ALLENDER MEMBER	1.00 0.	X						0.	0.	0.
(8) THAD BENCH MEMBER	1.00 0.	X						0.	0.	0.
(9) MARC BUNTING MEMBER	1.00 0.	X						0.	0.	0.
(10) NORRIS W. COMMODORE, JR. MEMBER	1.00 0.	X						0.	0.	0.
(11) JAYNE CONROY MEMBER	1.00 0.	X						0.	0.	0.
(12) THOMAS C. CROUSE, JR. MEMBER	1.00 0.	X						0.	0.	0.
(13) PETER VAN DYKE MEMBER	1.00 0.	X						0.	0.	0.
(14) THOMAS H. GALE MEMBER	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RICHARD B. GRIEVES MEMBER	1.00 0.	X					0.	0.	0.	
(16) WILLIAM HARVEY MEMBER	1.00 0.	X					0.	0.	0.	
(17) JEFFREY HORSTMAN MEMBER	1.00 0.	X					0.	0.	0.	
(18) KIRK B. JOHNSON MEMBER	1.00 0.	X					0.	0.	0.	
(19) JIM LIM MEMBER	1.00 0.	X					0.	0.	0.	
(20) REBECCA LOREE MEMBER	1.00 0.	X					0.	0.	0.	
(21) THOMAS H. MADDUX MEMBER	1.00 0.	X					0.	0.	0.	
(22) WILLIAM MILLER MEMBER	1.00 0.	X					0.	0.	0.	
(23) DEBORAH MOXLEY TURNER MEMBER	1.00 0.	X					0.	0.	0.	
(24) EDWARD P. NORDBERG MEMBER	1.00 0.	X					0.	0.	0.	
(25) REGIS DE RAMEL MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							2,484,352.	0.	357,267.	
d Total (add lines 1b and 1c)							2,484,352.	0.	357,267.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 12**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 4		

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 **▶ 46**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) BERT REIN MEMBER	1.00 0.	X					0.	0.	0.	
(27) BRANDON RIKER MEMBER	1.00 0.	X					0.	0.	0.	
(28) DR. HENRY F. SEARS MEMBER	1.00 0.	X					0.	0.	0.	
(29) VALERIE SHEPPARD MEMBER	1.00 0.	X					0.	0.	0.	
(30) RALPH SNYDERMAN MEMBER	1.00 0.	X					0.	0.	0.	
(31) DARYL L. SWANSTROM MEMBER	1.00 0.	X					0.	0.	0.	
(32) JOHN H. TIMKEN MEMBER	1.00 0.	X					0.	0.	0.	
(33) DONALD C. TOMASSO MEMBER	1.00 0.	X					0.	0.	0.	
(34) RICHARD WHEELER MEMBER	1.00 0.	X					0.	0.	0.	
(35) RICHARD WOOD, III MEMBER	1.00 0.	X					0.	0.	0.	
(36) ALBERT J.A. YOUNG MEMBER	1.00 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 12**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 **▶**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) KURT LANDGRAF PRESIDENT/MEMBER	55.00 0.	X		X				407,800.	0.	37,335.
(38) VICTOR SENSENIG CHIEF OF STAFF & VP PLANNING	55.00 0.			X				141,523.	0.	37,913.
(39) LAURA JOHNSON VP FINANCE	55.00 0.			X				133,979.	0.	34,417.
(40) PATRICE DIQUINZIO PROVOST & DEAN	55.00 0.				X			188,500.	0.	26,591.
(41) SARAH FEYERHERM VP STUDENT AFFAIRS	55.00 0.				X			184,271.	0.	22,537.
(42) LORNA HUNTER VP ENROLLMENT	55.00 0.				X			210,000.	0.	33,572.
(43) JOHN L. SEIDEL DIRECTOR OF ENVIRO STUDIES	55.00 0.					X		159,008.	0.	33,645.
(44) PENELOPE L. FARLEY CONTROLLER, END 6/30/2019	55.00 0.					X		138,953.	0.	13,565.
(45) VALERIE RICHARD ASSOC VP OF FACILITIES	55.00 0.					X		155,100.	0.	19,789.
(46) ANDREA TRISCUIUZZI VP OF ADVANCEMENT	55.00 0.					X		141,018.	0.	35,439.
(47) SCOTT GREATOREX (END 9/25/18) ASC VP ADVANCEMENT	55.00 0.					X		191,200.	0.	37,499.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 12**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 **▶**

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for SHEILA BAIR, PRESIDENT.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	5,151,727.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	12,126,989.					
	g Noncash contributions included in lines 1a-1f: \$		3,121,745.					
	h Total. Add lines 1a-1f ▶			17,278,716.				
Program Service Revenue	2a TUITION AND FEES	Business Code	900099	59,905,543.	59,905,543.			
	b ROOM AND BOARD		900099	13,673,458.	13,673,458.			
	c CONFERENCES & CATERING		532000	873,984.	823,138.	50,846.		
	d AUXILIARY ENTERPRISES		900099	638,393.	638,393.			
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			75,091,378.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			542,043.		-395,080.	937,123.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real		32,468.				
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss)		32,468.				
	d Net rental income or (loss) ▶			32,468.			32,468.	
	7a Gross amount from sales of assets other than inventory	(i) Securities		68,455,058.				
		(ii) Other		298,670.				
		b Less: cost or other basis and sales expenses		62,129,762.	270,989.			
		c Gain or (loss)		6,325,296.	27,681.			
	d Net gain or (loss) ▶			6,352,977.			6,352,977.	
	8a Gross income from fundraising events (not including \$ _____ 0. of contributions reported on line 1c). See Part IV, line 18 a			95,855.				
		b Less: direct expenses b		22,883.				
c Net income or (loss) from fundraising events ▶				72,972.			72,972.	
9a Gross income from gaming activities. See Part IV, line 19 a			0.					
	b Less: direct expenses b		0.					
	c Net income or (loss) from gaming activities ▶			0.				
10a Gross sales of inventory, less returns and allowances a			0.					
	b Less: cost of goods sold b		0.					
	c Net income or (loss) from sales of inventory ▶			0.				
Miscellaneous Revenue		Business Code						
11a ATHLETIC PROGRAMS		900099	174,377.	174,377.				
	b GIS PROGRAM		900099	120,210.	120,210.			
	c BOOKSTORE		900099	92,542.	92,542.			
	d All other revenue			691,763.	691,763.			
e Total. Add lines 11a-11d ▶			1,078,892.					
12 Total revenue. See instructions. ▶			100,449,446.	76,119,424.	-344,234.	7,395,540.		

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Travel, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	80,507.	7	68,503.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	1,482,130.	9	899,956.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 295,431,362.		
	b Less: accumulated depreciation	10b 110,439,867.	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	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 line 34)	452,219,934.	16	453,240,948.	
Liabilities	17 Accounts payable and accrued expenses	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 Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 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.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	117,082,609.	27	122,615,597.
	28 Temporarily restricted net assets	105,146,664.	28	97,160,204.
	29 Permanently restricted net assets	148,667,126.	29	154,263,651.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	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.

Part XI Reconciliation of Net Assets

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

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	-1,763,470.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	370,896,399.
5	Net unrealized gains (losses) on investments	5	6,850,857.
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	-1,944,334.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	374,039,452.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

WASHINGTON COLLEGE

Employer identification number

52-0591691

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness 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 Type I, Type II, Type III 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(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar 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.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	22,387,601.	21,421,797.	20,884,007.	24,110,148.	17,374,571.	106,178,124.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,373,468.	449,869.	445,022.	580,004.	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. (see instructions)					12	87,072,273.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	84.21%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	86.74%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2018, 2017. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2018, 2017. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17.

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

19b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a, b, c. Row 2: Activities Test. Answer (a) and (b) below. 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. 3a, 3b.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
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			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

ATTACHMENT 1

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	<u>1,337,604.</u>	<u>49,736.</u>	<u>27,524.</u>	<u>47,265.</u>	<u>1,078,892.</u>	<u>2,541,021.</u>

Schedule of Contributors

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

- 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

- 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 totaling \$5,000 or more during the year ▶ \$ _____

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).

Name of organization **WASHINGTON COLLEGE**

Employer identification number
52-0591691

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,578,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,934,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 450,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 755,351.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **WASHINGTON COLLEGE**

Employer identification number
52-0591691

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 365,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,085,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,041,737.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
5	FMV - PROPERTY/LAND _____ _____ _____	\$ 450,025.	06/30/2019
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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.

(a) No. from Part I	(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	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

WASHINGTON COLLEGE

Employer identification number

52-0591691

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor 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 funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 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 conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part 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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a [X] Public exhibition
b [X] Scholarly research
c [] Preservation for future generations
d [] Loan or exchange programs
e [] Other
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 solicit or receive donations of art, historical treasures, or 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 organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [] Yes [] No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII []

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 3.0000 %
b Permanent endowment 71.0000 %
c Temporarily restricted endowment 26.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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 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 "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR OTHERS	698,992.
(3) ANNUITIES PAYABLE	526,448.
(4) INTEREST RATE SWAP	7,207,066.
(5)	
(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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 100,449,446.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 102,212,916.

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.

SEE 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.

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
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SCHEDULE D, PART XII, LINE 4B

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

**SCHEDULE E
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for 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

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

WASHINGTON COLLEGE

Employer identification number

52-0591691

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space 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 Subtotal					1,032,599.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,032,599.

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

Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)									

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

3 Enter total number of other organizations or entities ▶ _____

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)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

OMB No. 1545-0047

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.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

WASHINGTON COLLEGE

52-0591691

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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 organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MD, NV, NH, NJ, NY, NC, VA,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ATHLETICS (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	95,855.		0.	95,855.
	2 Less: Contributions			0.	
	3 Gross income (line 1 minus line 2)	95,855.		0.	95,855.
Direct Expenses	4 Cash prizes			0.	
	5 Noncash prizes			0.	
	6 Rent/facility costs			0.	
	7 Food and beverages	5,534.		0.	5,534.
	8 Entertainment	8,714.		0.	8,714.
	9 Other direct expenses	8,635.		0.	8,635.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				22,883.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				72,972.	

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

		(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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes 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 ▶ \$ _____

Part IV 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).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
EAB P.O. BOX 603519 CHARLOTTE NC 28260	MAILINGS & CALLS		X	21,455.	85,291.	

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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.

Name of the organization

WASHINGTON COLLEGE

Employer identification number

52-0591691

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

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

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					
2					
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.

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WASHINGTON COLLEGE

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

52-0591691

Part I Questions Regarding Compensation

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.

- | | |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

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.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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:

- a** The organization?
 - b** Any related organization?
- 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:

- a** The organization?
 - b** Any related organization?
- 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.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8	X	
9	X	

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.

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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,

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
WASHINGTON COLLEGE

Employer identification number
52-0591691

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A TOWN OF CHESTERTOWN, MARYLAND	52-6000783		07/30/2013	57,684,000.	REFUND 2009 AND 2010 BONDS		X	X			X
B TOWN OF CHESTERTOWN, MARYLAND	52-6000783		11/24/2015	20,206,000.	CAPITAL CONSTRUCTION		X	X			X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	9,724,000.		825,000.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	57,684,000.		20,206,000.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	369,000.		208,134.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			19,997,866.					
11 Other spent proceeds	57,315,000.							
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Schedule K (Form 990) 2018

Part III Private Business Use TOWN OF CHESTERTOWN, MARYLAND

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, 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		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					
c 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 ▶								
6 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								
c 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					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b 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 bond issue a variable rate issue?	X			X				

Part IV Arbitrage (Continued)

Table with 9 columns (A-D, Yes/No) and rows for questions 4a through 7 regarding arbitrage and GIC investments.

Part V Procedures To Undertake Corrective Action

Table with 9 columns (A-D, Yes/No) and one row for question regarding corrective action procedures.

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Multiple horizontal lines provided for supplemental information.

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**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.

Name of the organization

WASHINGTON COLLEGE

Employer identification number

52-0591691

Part I 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	(d) Method of determining noncash contribution amounts
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	X	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	X	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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property 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

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

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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WASHINGTON COLLEGE

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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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.

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

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

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

Name of the organization WASHINGTON COLLEGE	Employer identification number 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 1FORM 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.

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

ATTACHMENT 1 (CONT'D)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 2FORM 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

Name of the organization WASHINGTON COLLEGE	Employer identification number 52-0591691
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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 3FORM 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

Name of the organization WASHINGTON COLLEGE	Employer identification number 52-0591691
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ATTACHMENT 3 (CONT'D)

CAMPUS COFFEE BAR, JAVA GEORGE.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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 CHESTERTOWN, MD 21620	FLOORING	735,417.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

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.

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Includes entries for WC WATER LLC and CHESTERTOWN RESIDENTIAL LLC.

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.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

Schedule R (Form 990) 2018

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(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
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 sections 512-514)	(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
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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