# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

B Deck 1 septimes    Comparison	A F	or th	e 201	1 cale	ndar yea	r, or ta	x year be	ginning	07	/01 <b>,201</b> 1	1, and e	ending	<u> </u>		-	06	5/30,	<b>20</b> <sub>12</sub>	
Doorg Business   Doo							<u>-</u>							D Em	ployer id				
Doug Date leave cloope   Doug Date leave   Do	R CI	neck if a	oplicable:	WI	LLIAMS	COLL	EGE												
Number and street (or P.C. Dox frault is not delineed to sinest acadess)   Room/spute   E   Teleprone number				Doin	g Business /	√s								04	1-210	484	7		
City or Lone, state or country, and ZIP + 4   City or Lone, state or country, and ZIP + 4   City or Lone, state or country, and ZIP + 5   City or Lone, state or country, and ZIP + 6   City or Lone, state or country, and ZIP + 7   City or Lone, and ZIP + 1   City or Lone, and ZIP		7		Num	ber and str	eet (or P.	O. box if mai	is not delivered	to street addres	ss)	Room/s	suite		<b>E</b> Tel	ephone i	numbe	er		
MILLIAMSTORN, MA 0.12.67		Initia	l return	НО	PKINS I	HALL	P.O BOX	67						(41	3) 59	97-4	4412		
Total number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of independent voting members of the governing body (Part VI, line 1a)   Number of voting members of the governing body (Part VI, line 1a)   Number of voting members of the governing body (Part VI, line 1a)   Number of voting members of the governing body (Part VI, line 1a)   Number of voting members of the governing body (Part VI, line 1a)   Number of voting members of the governing body (Part VI, line 1a)   Number of voting members of the governing body (Part VI, line 1a)   Number of voting members of the governing body (Part VI, line 1a)   Number of voting members of the governing		Term	inated	City	or town, sta	te or cou	ntry, and ZIP	+ 4											
Note   Part   Name and address of principal office: ADAM F. PALK   PAL				WI	LLIAMS	OWN,	MA 012	67						<b>G</b> Gr	oss recei	pts \$	25	7,286	,013.
HOPKINS HALL P.O. BOX 67 WITLITAMS: ONLY   Section		Appli	cation	F Na	ame and a	ddress	of principal	officer: ADAM	F. FALK							oup ret	urn for	Yes	X No
Websette:		_ pend	iiig	НО	PKINS I	HALL	P.O BOX	67 WILL	IAMSTOWN	r, MA 01	267					iates in	cluded?	Yes	∏ No
Websette:	ī	Tax-ex	empt sta							i		527					_	structions)	
Name					-			( ) - (		1 10 11 (0)(1)	-	1		H(c) G	roup exer	nption i	number	•	
Briefly describe the organization's mission or most significant activities:								Association	Other	<b>-</b>	L,	Year of f							: MA
Briefly describe the organization's mission or most significant activities:   SEE SCHEDULE 0							11.000	1	1 2 7										
SEE SCHEDULE   O						anizatio	n'e missior	or most signif	ficant activitie	c·									
2 Check this box ▶		•																	
Number of vioting members of the governing body (Part VI, line 1a)   3   2.1.	nce																		
Number of vioting members of the governing body (Part VI, line 1a)   3   2.1.	rna																		
Number of vioting members of the governing body (Part VI, line 1a)   3   2.1.	ove	2	Check this box  if the organization discontinued its operations or disposed of more than 25°												et asse	ts.			
Number of individuals employed in calendar year 2011 (Part V, line 1a)   S   3,294		_					-									1			21.
Ta Total gross unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, line 34  Prior Year  COPY FOR PUBLIC INSPECTION  10 Investment income (Part VIII, line 12)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d), 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d), 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), lines 14)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Signature Block  Under pensities of perjuy, 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.  Prior Year  Copy For Public INSPECTION  76																			
Ta Total gross unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, line 34  Prior Year  COPY FOR PUBLIC INSPECTION  10 Investment income (Part VIII, line 12)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d), 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d), 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), lines 14)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Signature Block  Under pensities of perjuy, 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.  Prior Year  Copy For Public INSPECTION  76	٧iti		Total	numbe	r of individ	uals em	nloved in c	alendar vear 2	011 (Part V I	ine 2a)						5			3.294.
Ta Total gross unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, line 34  Prior Year  COPY FOR PUBLIC INSPECTION  10 Investment income (Part VIII, line 12)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d), 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d), 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), lines 14)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Signature Block  Under pensities of perjuy, 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.  Prior Year  Copy For Public INSPECTION  76	ćţ																		
B Net unrelated business taxable income from Form 990-T, line 34   77b   -2,992,387.	٩									10						7.			
Prior Year   Current Year   St. 244,721, 52,694,308   St. 249,721, 52,694,309   St. 249,721,																•	_		
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20. 23 Ry 8, 96, 115. 24 Total liabilities (Part X, line 26) 25 Signature Block  Paid Preparer Use Only  Pilm' Type preparer's name PRICEWATERHOUSECOOPERS LLP Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110  Phone no. ▶ 617-530-5000			1101 01	n olato	<u>a baomiooo</u>	ιαπαριο	111001110 110		,										
Program service revenue (Part VIII, Ine 2g)		8	Contri	hutions	s and gran	ts (Part '	/III line 1h)					\				21.			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total fundraising expenses (Part IX, column (A), line 25)  19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Net assets or fund balances. Subtract line 21 from line 20.  24 Net assets or fund balances. Subtract line 21 from line 20.  25 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.  Print/Type preparer's name  Preparer's signature  P	nue		Progra	am ser	vice revenu	e (Part \	/III line 2a)												
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total fundraising expenses (Part IX, column (A), line 25)  19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Net assets or fund balances. Subtract line 21 from line 20.  24 Net assets or fund balances. Subtract line 21 from line 20.  25 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.  Print/Type preparer's name  Preparer's signature  P	) Ve		Invest	ment i	ncome (Pa	rt VIII c	olumn (A)	lines 3 4 and	7d)	PUBLIC IN	ISPECT	ION							
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).   238,865,402.   257,286,013.     13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).   43,509,051.   44,334,066.     14 Benefits paid to or for members (Part IX, column (A), line 4).   0   (Column (B), Benefits paid to or for members (Part IX, column (A), lines 4).   100,811,891.   109,984,096.     15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).   100,811,891.   109,984,096.     16 Professional fundraising expenses (Part IX, column (A), line 11e).   0   (Column (B), Benefits paid to or for members (Part IX, column (B), Benefits paid to or for members (Part IX, column (B), Benefits paid to or for members (Part IX, column (B), Benefits paid to or for members (Part IX, column (B), Benefits paid to or for members (Part IX, column (B), Benefits paid to or for members (Part IX, column (B), Benefits paid to or for members (Part IX, column (B), Benefits paid to or for members (Part IX, column (B), Benefits paid to the column (B), Benefits paid to or for members (Part IX, column (B), Benefits paid to the column (B), Benefits paid to th	å							\		—									
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   43,509,051.   44,334,066.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0   0   0     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   100,811,891.   109,984,096.     16   Brofessional fundraising fees (Part IX, column (A), line 11e)   0   0     15   Total fundraising expenses (Part IX, column (D), line 25)   5,824,334.   0   0   0     17   Other expenses (Part IX, column (D), line 25)   5,824,334.   0   0   0     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   211,400,204.   226,413,491.     19   Revenue less expenses. Subtract line 18 from line 12   27,465,198.   30,872,522.     19   Revenue less expenses. Subtract line 18 from line 12   2,374,027,960.   2,361,903,398.     20   Total assets (Part X, line 16)   2,374,027,960.   2,361,903,398.     21   Total liabilities (Part X, line 26)   398,969,115.   403,053,000.     22   Net assets or fund balances. Subtract line 21 from line 20.   1,975,058,845.   1,958,850,398.     21   Total liabilities (Part X, line 26)   398,969,115.   403,053,000.     22   Net assets or fund balances. Subtract line 21 from line 20.   1,975,058,845.   1,958,850,398.     23   Signature Block													2.				25		
## Benefits paid to or for members (Part IX, column (A), line 4)  ## 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 100,811,891. 109,984,096. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																			
15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   100, 811, 891.   109, 984, 096.     16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   0   0												• • •		10,0	,0,7,0	0 1 .	-	1,331	(
16a Professional fundraising fees (Part IX, column (A), line 11e)												• • •	1 (	00.8	11.8	91	1.0	9 984	. 096
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Total liabilities 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.  Paid  Print/Type preparer's name  Preparer Use Only  Firm's name  PRICEWATERHOUSECOOPERS LLP  EIN  Plone no.  Pone	ses	162	Profes	ssional	fundraisin	n fees (F	Part IX colu	mn (A) line 11	ι, σοιαπτί (71), Δ	111103 0 10)		• • •		00,0	, , _ ,	<u> </u>		<del></del>	(
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Total liabilities 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.  Paid  Print/Type preparer's name  Preparer Use Only  Firm's name  PRICEWATERHOUSECOOPERS LLP  EIN  Plone no.  Pone	per	. va	Total f	iundrai	sing expen	ses (Pa	rt IX colum	n (D) line 25)	5	824 33	4	• • •							
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Total liabilities (Part X, line 26)  398, 969, 115.  403, 053, 000.  1, 975, 058, 845.  1, 958, 850, 398.  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  Paid  Print/Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  PRICEWATERHOUSECOOPERS LLP  Firm's name  PRICEWATERHOUSECOOPERS LLP  Firm's address  125 HIGH STREET BOSTON, MA 02110  Phone no. ▶ 617-530-5000	Ä	17	Other	eynen	ses (Part I)	X colum	n (A) lines	11a-11d 11f-3	24f)	7021733	- <u>-</u>			67.C	179.2	62	7	2.095	329
19   Revenue less expenses. Subtract line 18 from line 12   27,465,198.   30,872,522.												• • •							
Beginning of Current Year   End of Year																			
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  FREDERICK W. PUDDESTER  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check if self-employed  Firm's name  PRICEWATERHOUSECOOPERS LLP  Firm's address  125 HIGH STREET BOSTON, MA 02110  Phone no. ▶ 617-530-5000	or		1101011	40 100	о одрогіоо	J. Gubiii	301 1110 1011	0111 11110 12											
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  FREDERICK W. PUDDESTER  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check if self-employed  Firm's name  PRICEWATERHOUSECOOPERS LLP  Firm's address  125 HIGH STREET BOSTON, MA 02110  Phone no. ▶ 617-530-5000	ets	20	Total a	assets	(Part X line	16)						F							
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  FREDERICK W. PUDDESTER  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check if self-employed  Firm's name  PRICEWATERHOUSECOOPERS LLP  Firm's address  125 HIGH STREET BOSTON, MA 02110  Phone no. ▶ 617-530-5000	Ass Bal											• • •							
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  FREDERICK W. PUDDESTER  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check if self-employed  Firm's name  PRICEWATERHOUSECOOPERS LLP  Firm's address  125 HIGH STREET BOSTON, MA 02110  Phone no. ▶ 617-530-5000	Let und								0			• • •							
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  FREDERICK W. PUDDESTER Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Date  Check if self-employed employed Firm's name  PRICEWATERHOUSECOOPERS LLP  EIN  13-4008324  Firm's address  125 HIGH STREET BOSTON, MA 02110  Phone no.  617-530-5000						11000. 0	abtract iii ic	21 110111 11110 2	<u> </u>				-12	7570	3070	13.	1175	0,000	7370.
Sign Here  Signature of officer  FREDERICK W. PUDDESTER  Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's name  PRICEWATERHOUSECOOPERS LLP  Firm's address  125 HIGH STREET BOSTON, MA 02110  Pate  Date  Check if self-employed  PTIN P00641463  PTIN P00641463  PTIN P00641463  PHONE NO. ▶ 617-530-5000	Und	der pei	nalties of	f perjury	, I declare th	nat I have	examined th	is return, includi	ing accompany	ing schedules	s and stat	ements,	and to	the be	st of my	knowl	edge an	d belief, it	is true,
Here    Signature of officer	cor	rect, a	nd comp	lete. De	eclaration of	preparer	(other than o	fficer) is based of	on all informati	on of which p	reparer h	as any k	nowled	dge.					
Here    Signature of officer	s	ian																	
FREDERICK W. PUDDESTER  Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Preparer  Use Only  Firm's name  PRICEWATERHOUSECOOPERS LLP  Firm's address  125 HIGH STREET BOSTON, MA 02110  PFOR FIN&ADMN&TRES  Date  Check if self-employed ▶ P00641463  PO0641463  PO0641463  Phone no. ▶ 617-530-5000		_		Signatu	re of officer										Date				
Type or print name and title  Print/Type preparer's name  Preparer  Use Only  Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Date  Self- employed  Print's name  PRICEWATERHOUSECOOPERS LLP  Firm's address  125 HIGH STREET BOSTON, MA 02110  Phone no. ▶ 617-530-5000				FREDI	ERTCK V	ı pii	DDESTER			VP FO	R FIN	MC & 3.	N&TR	ES					
Paid Preparer Use Only Firm's name ▶ PRICEWATERHOUSECOOPERS LLP Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110  Preparer Date Check if self-employed ▶ PRIN P00641463  EIN ▶ 13-4008324 Phone no. ▶ 617-530-5000								•		VI 1:01		1'1 سد د د .	_, & 11	0					
Paid         self-employed         P00641463           Preparer Use Only         Firm's name         ▶ PRICEWATERHOUSECOOPERS LLP         EIN         ▶ 13-4008324           Firm's address         ▶ 125 HIGH STREET BOSTON, MA 02110         Phone no.         ▶ 617-530-5000	_		<u> </u>	,,	<u>'</u>			Preparer's s	signature		Date	e		Che	ck if		PTI	N	
Preparer Use Only     Firm's name     ▶     PRICEWATERHOUSECOOPERS LLP     EIN     ▶     13-4008324       Firm's address     ▶     125 HIGH STREET BOSTON, MA 02110     Phone no.     ▶     617-530-5000	Paid	I												self-				06414	163
Firm's address ► 125 HIGH STREET BOSTON, MA 02110 Phone no. ► 617-530-5000	Prep	oarer	F:		T	DR T C F	MATFRUC	IISECOODE:	RS T.T.D							13-			
1 mile districts p	Use	Only								2110			-						<u> </u>
	May	the I			<del>- ,</del>											<u> </u>			No

Form 990 (2011) Page 2

Briefly desc	ribe the organization's mission DULE O			
prior Form 9 If "Yes," des Did the ord services? If "Yes," des Describe th	oppore 990-EZ?  cribe these new services on Soganization cease conducting,  cribe these changes on Sched  e organization's program ser	or make significant changes in hull the control of	ow it conducts, any program  three largest program servic	Yes X  Yes X  es, as measured
	allocations to others, the total e	(4) organizations and section 4947(expenses, and revenue, if any, for each against 26,855. including grants of \$	program service reported.	
<b>b</b> (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
(Expenses \$		nts of \$ ) (Revenue	\$ )	
e Total progra	am service expenses >	194,626,855.		Form <b>990</b> (

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

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#### Part IV **Checklist of Required Schedules** (continued) No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization Χ 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Χ X 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . Did the organization maintain an escrow account other than a refunding escrow at any time during the vear Χ 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?..... Χ 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II, 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV...... **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . . . . . 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Χ b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and Χ

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#### Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V................ 3,704 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable \_\_\_\_\_\_\_\_1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X Χ b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X $\textbf{b} \;\; \text{If "Yes,"} \; \text{enter the name of the foreign country:} \; \blacktriangleright \; \text{UNITED} \;\; \text{KINGDOM}$ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Χ 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a and services provided to the payor? **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X Χ 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . | 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response to any question in this Part VI		• •	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 21			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_CA,MA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5			nly)
	<u>available for public inspection. Indicate how you made these available. Check all that apply.</u>	(-)(	,	,,
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	est n	olicv.
-	and financial statements available to the public during the tax year.		۴	, ,
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization: ►SUSAN HOGAN PO BOX 67 WILLIAMSTOWN, MA 01267 413-597-4204			
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unle	Pos heck ss pe	erson	e than o is both tor/trust	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1.27.000 111.00)	organization and related organizations
	6.00	X						C	0	0
(2) BARBARA A. AUSTELL TRUSTEE	4.00	Х						C	0	0
(3) THOMAS M. BALDERSTON TRUSTEE	4.00	Х						C	0	0
(4) PATRICK F. BASSETT TRUSTEE	4.00	Х						C	0	0
(5) ERIC L. COCHRAN TRUSTEE	4.00	Х						C	0	0
(6) MICHAEL R. EISENSON TRUSTEE	4.00	Х						C	0	0
(7) O ANDREAS HALVORSEN TRUSTEE	4.00	Х						C	0	0
(8) YVONNE HAO TRUSTEE	4.00	Х						C	0	0
(9) STEPHEN HARTY TRUSTEE	4.00	Х						C	0	0
(10) JOEY SHAISTA HORN TRUSTEE	4.00	Х						C	0	0
(11) JONATHAN A. KRAFT TRUSTEE	4.00	Х						C	0	0
(12) GLENN D. LOWRY TRUSTEE	4.00	Х						C	0	0
(13) ROBIN POWELL MANDJES TRUSTEE	4.00	Х						C	0	0
(14) FRED NATHAN, JR. TRUSTEE	4.00	X						C	0	0

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (describe hours for related	box,	unles er and	s pe	ition more rson irect	e than o is both cor/trust emplo	an	(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
15) 110 110 110 110 110 110 110 110 110 11	organizations in Schedule O)	Individual trustee or director	Institutional trustee	г 	Key employee	Highest compensated employee	· •	,		and related organizations
15) KATHERINE L. QUEENEY	4 00	37								0
TRUSTEE	4.00	X						U	U	0
16) LIZ ROBINSON TRUSTEE	4.00	v								0
	4.00	X						0	U	
17) ROBERT G. SCOTT TRUSTEE	4.00	X								0
18) WILLIAM E. SIMON, JR.	4.00	Λ							0	
TRUSTEE	4.00	X						0		0
19) A. CLAYTON SPENCER	1.00	- 21								
TRUSTEE UNTIL 4/30/12	4.00	X								0
20) LAURIE J. THOMSEN	1.00	21								
TRUSTEE	4.00	X								0
21) SARAH KEOHANE WILLIAMSON	1.00	21								
TRUSTEE	4.00	X								0
22) ADAM FALK	1.00									
PRESIDENT	40.00	X		х				459,826.		103,206.
23) COLLETTE CHILTON CHIEF INVESTMENT OFFICER	40.00			Х				669,709.	0	208,873.
24) KELI A. KAEGI SECRETARY OF THE COLLEGE	40.00			х				132,473.	0	33,887.
25) STEPHEN P. KLASS										
VP FOR CAMPUS LIFE	40.00			Х				284,847.	0	44,724.
1b Sub-total							<b></b>	0	0	0
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$	4,330,144.	0	1,013,929.
d Total (add lines 1b and 1c)							<b>&gt;</b>	4,330,144.	0	1,013,929.
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 201		d at	ove	e) who	o re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	;"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X

## **Section B. Independent Contractors**

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

·		
(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ▶ 58

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week (describe	box,	unles er and	Pos neck ss pe	more rson lirect	e than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation from the
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(6) JOHN MALCOLM  VP FOR COLLEGE RELATIONS	40.00			Х				226,890.	0	19,453
7) FREDERICK PUDDESTER VP FOR FINANCE & ADMIN	40.00			Х				149,759.	0	38,886
28) MICHAEL E. REED  VP FOR STRATEGIC PLANNING	40.00			X				227,714.	0	56,828
29) SARAH BOLTON DEAN OF THE COLLEGE	40.00				Х			187,602.	0	40,437
PROVOST, PROF OF PHILOSOPHY	40.00				Х			140,180.	0	34,910
1) PETER MURPHY DEAN OF THE FACULTY	40.00				Х			155,141.	0	57,75
2) HOK JOENG INVESTMENT OFFICER	40.00					Х		286,576.	0	81,189
PROFESSOR OF BIOLOGY	40.00					Х		277,792.	0	31,249
4) NANCY ROSEMAN PROFESSOR OF BIOLOGY	40.00					Х		194,505.	0	37,089
5) MARTHA TETRAULT DIRECTOR OF HUMAN RESOURCES	40.00					Х		225,177.	0	33,62
6) BRADFORD B. WAKEMAN DIRECTOR OF INVMT OPERATIONS	40.00					Х		339,903.	0	109,87
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A						<b>&gt; &gt; &gt;</b>			
2 Total number of individuals (including but not reportable compensation from the organization		hose 201		d al	bove	e) who	re	ceived more than	\$100,000 of	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes N
For any individual listed on line 1a, is the sorganization and related organizations greindividual	sum of repeater than	oortab \$15	ole c 50,0	om 00?	pen	satior <i>"Ye</i> s	n aı	nd other compens	sation from the le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5 2

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

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

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (describe	box,	unles	Pos heck ss pe	erson direct	e than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from	am	(F) timated ount of other pensation	f
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anization I related nization	t
37) WILLIAM J. LENHART													
FORMER OFFICER	40.00						Χ	178,925.		0		39,9	96.
38) WILLIAM G. WAGNER FORMER KEY EMPLOYEE	40.00						Х	193,125.		0		41,9	51.
	_												
	_												
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>*</b> * *						
Total number of individuals (including but not reportable compensation from the organization)	limited to t		liste				o re	ceived more than	\$100,000	of			
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Х	
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,0	00?	) If	"Yes	5, "	complete Schedu	le J for	such			
<ul><li>individual</li></ul>	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or indiv	idual	4	X	
for services rendered to the organization? <i>If "Y</i> Section B. Independent Contractors	es," comple	te Sch	nedu	ıle J	l for	such	per	son			5		Х
Complete this table for your five highest component compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	rvices	C	(C) Compens	ation	
2 Total number of independent contractors (in	noludina h	ıt no	+ 1;	n it o	d +-	than	) I	isted above) who	received				
more than \$100,000 in compensation from the				ше	u (C	, 11108	e 1	isieu above) Wilo	receivea				

JSA 1E1055 2.000 Form 990 (2011) WILLIAMS COLLEGE 04-2104847 Page **9** 

FOIIII	,		WILLIAMS CO				04-21040	Page 3
Par	t VIII	Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
s, G		Fundraising events						
Sift lar,	d							
imil imil	e	Government grants (contribu		2,780,284.				
tion S S		• ,		27,007201.				
ibu the	'	All other contributions, gifts, gran and similar amounts not included		49,914,024.				
a d	_	Noncash contributions included						
ဒီ င	g h	Total. Add lines 1a-1f			52,694,308.			
ne				Business Code	32703173001			
Program Service Revenue	2 a	TUITION, FEES, ROOM AND B	OARD	900099	110,188,820.	110,188,820.		
Re	b	AUXILIARY REVENUE	OTHER	721110	4,127,877.	110/100/020.	829,962.	3,297,915.
ice	,	OTHER PROGRAM REVENUE		900099	803,874.	803,874.	02373021	3723773131
Šer	d	THE THOUSANT REVENUE		300033	00370711	00370711		
E	e							
gra		All other program service rev	/enue					
Pro	g	Total. Add lines 2a-2f			115,120,571.			
	3	Investment income (includin			., ., .			
	•	other similar amounts)	-		2,507,437.		-1,791,889.	4,299,326.
	4	Income from investment of t			3,892.			3,892.
	5	Royalties			0			
	•	rtoyanioo	(i) Real	(ii) Personal				
	6a	Gross rents	1,715,217.					
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)	•		1,715,217.			1,715,217.
	7.	Gross amount from sales of	(i) Securities	(ii) Other				
	l la	assets other than inventory		85,153,958.				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)		85,153,958.				
	d	Net gain or (loss)		. <u></u>	85,153,958.			85,153,958.
<u>o</u>	8a	Gross income from fundra	aising					
Ĭ		events (not including \$						
ě		of contributions reported on						
Ř		See Part IV, line 18	a					
Other Revenue	b	Less: direct expenses	b					
ŏ	С	Net income or (loss) from ful	ndraising events	. <u></u>	0			
	9a	Gross income from gaming a	activities.					
		See Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from ga	aming activities.	. <u></u>	0			
	10a	Gross sales of inventoreturns and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sa	les of inventory.	<u> ▶</u>	0			
		Miscellaneous Reven	nue	Business Code				
	11a	MISCELLANEOUS		713940	90,630.		90,630.	
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	90,630.			
	12	Total revenue. See instruction	ons	<u> </u>	257,286,013.	110,992,694.	-871,297.	94,470,308.

Form 990 (2011) WILLIAMS COLLEGE 04-2104847 Page **10** 

### 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) but are not required to complete columns (B), (C), and (D).

req	Check if Schedule O contains a resp	oneo to any question in	thic Part IV		
_				(C)	(D)
	o not include amounts reported on lines 6b, 9, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	060 000	060 000		
	organizations in the United States. See Part IV, line 21	262,089.	262,089.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	44,071,977.	44,071,977.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	2 720 516	704 410	1 202 120	661 070
_	trustees, and key employees	2,738,516.	794,410.	1,282,128.	661,979.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	55,386.		55,386.	
_	persons described in section 4958(c)(3)(B)		66,766,067.		2 425 677
7	Other salaries and wages	77,097,847.	00,700,007.	7,906,102.	2,425,677.
8	Pension plan accruals and contributions (include section	7,010,788.	5,658,952.	1,144,163.	207,673.
0	401(k) and 403(b) employer contributions) Other employee benefits	17,445,114.	14,325,616.	2,698,680.	420,819.
9	Payroll taxes	5,636,445.	4,549,613.	919,870.	166,962.
10 11	Fees for services (non-employees):	3,030,113.	1,010,010.	717,010.	100,002.
	Management	0			
	Legal	280,221.	15,816.	264,405.	
	Accounting	279,796.	4,317.	275,479.	
	Lobbying	0	-,		
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
g		12,165,577.	8,183,739.	3,443,249.	538,589.
12	Advertising and promotion	162,299.	115,948.	40,203.	6,148.
13	Office expenses	7,045,870.	6,525,118.	432,081.	88,671.
14	Information technology	2,941,417.	2,919,273.	10,242.	11,902.
15	Royalties	0			
16	Occupancy	0			
17	Travel	4,467,969.	3,773,182.	429,612.	265,175.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	149,441.	119,057.	21,674.	8,710.
20	Interest	8,365,813.	6,752,698.	1,365,304.	247,811.
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	19,604,914.	15,824,650.	3,199,529.	580,735.
23	Insurance	980,655.	312,271.	655,238.	13,145.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	0.045.550	0.045.550		
	FELLOWSHIPS, STUDENT AWARDS	2,847,758.	2,847,758.	1 475 070	07.647
	EQUIPMENT RENTAL AND MAINTAN	7,670,890.	6,168,173.	1,475,070.	27,647.
	UTILITIES	5,132,709.	4,636,131.	343,887.	152,691.
d					
	All other expenses Add lines 1 through 349	226,413,491.	194,626,855.	25,962,302.	5,824,334.
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	220,413,491.	194,020,000.	23,302,302.	J,024,334.
		<u> </u>			

JSA 1E1052 1.000 Form 990 (2011) Page **11** 

#### Part X **Balance Sheet** (A) Beginning of year End of year Cash - non-interest-bearing 14,747,026. 13,024,791. 1 1 Savings and temporary cash investments 32,317,907. 58,182,426. 2 Pledges and grants receivable, net 61,523,003. 66,567,415. 3 3 Accounts receivable, net 801,703. 755,384. 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 161,593. 5 266,364. 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 6 employees' beneficiary organizations (see instructions) Notes and loans receivable, net 16,479,992. 15,043,118. 7 Inventories for sale or use 422,099. 400,370. 8 Prepaid expenses and deferred charges 5,903,117. 9,942,264. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 634,646,001. b Less: accumulated depreciation | 10b | 261,564,685. 362,041,889. 373,081,316. 10c Investments - publicly traded securities ATCH 2 519,303,658. 418,698,199. 11 Investments - other securities. See Part IV, line 11 1,298,802,787. 1,379,768,771. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 0 14 Intangible assets \_\_\_\_\_\_\_ 61,569,505. 15 15 26,126,661. Other assets. See Part IV, line 11 2,374,027,960. 2,361,903,398. Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 16 16 39,422,807. 49,396,790. Accounts payable and accrued expenses 17 17 18 18 0 19 Deferred revenue 3,643,795. 19 3,303,248. Tax-exempt bond liabilities 294,735,441. 20 300,301,843. 20 52,182,894. 52,256,225. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 0 22 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 0 24 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 3,417,776. 25 3,361,296. 26 398,969,115. 26 403,053,000. Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets 27 323,426,872. 27 296,982,181. Temporarily restricted net assets 1,146,489,478. 1,127,452,096. 28 28 Fund 29 505,142,495. 29 534,416,121. Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. ō Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Set 33 Total net assets or fund balances 1,975,058,845. 1,958,850,398. 33 Total liabilities and net assets/fund balances......... 34 2,374,027,960. 2,361,903,398.

Form **990** (2011)

Form 990 (2011) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response to any question in this Part XI.......... 257,286,013. 1 1 226,413,491. 2 2 30,872,522. 3 3 4 1,975,058,845. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . . . -47,080,969. 5 5 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 1,958,850,398. **Financial Statements and Reporting** Part XII No X Accrual Accounting method used to prepare the Form 990: Cash 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? 2a Χ Were the organization's financial statements audited by an independent accountant? 2b Χ 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Both consolidated and separate basis X | Separate basis Consolidated basis 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?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a Х required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits X

## SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer identification number** Name of the organization WILLIAMS COLLEGE 04-2104847 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 Χ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h. Type II С Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (vii) Amount of (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes Νo Yes Νo Yes No (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2011

(D)

(E)

Schedule A (Form 990 or 990-EZ) 2011 Page 2

Par	Support Schedule for Org (Complete only if you check Part III. If the organization f	ked the box or	n line 5, 7, or 8	3 of Part I or if	the organizat	ion failed to qu	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.						
<u>6</u> Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	(1) - 1 - 1	(,	(5) = 5 5 5	(0, 2010	(0) = 0 + 1	(7 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. (s <b>First five years.</b> If the Form 990 is f	or the organizat	tion's first, secor	nd, third, fourth,			
800	organization, check this box and stop here tion C. Computation of Public Sup	nort Porconto	<u></u>	<u> </u>		<u> </u>	▶ ∟
				11 column (f))		14	%
14 15	Public support percentage for 2011 (li Public support percentage from 2010	Schedule A De	, uiviueu by iine art II line 14	i i, colullili (I))		15	<del>%</del>
	331/3% support test - 2011. If the o						
. Ja	this box and <b>stop here.</b> The organization	-					
b	331/3% support test - 2010. If the o	•		•			
~	check this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization Part IV how the organization meets t	meets the "fa	cts-and-circums	tances" test, ch	eck this box a	nd <b>stop here</b> . E	Explain in
b	organization.  10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization to the organization.	2010. If the organization meets on meets the "	ganization did r s the "facts-and facts-and-circun	ot check a box d-circumstances nstances" test.	on line 13, 16 " test, check t The organization	a, 16b, or 17a, his box and <b>st</b> In qualifies as a	and line op here. a publicly
18	supported organization  Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2011 Page **3** 

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

(Complete only if you checked the box on line 9 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.)

	·			, ,	•	,	
	tion A. Public Support	(-) 0007	4-> 0000	(-) 0000	(4) 0040	(-) 0044	(0 T-4-I
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support		#10000	4 ) 0000	( ) 0 0 1 0	( ) 0044	(D. T. )
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for	the organization	un's first second	third fourth or	fifth tax year	os a saction 501	(0)(3)
	organization, check this box and <b>stop here</b> .	-			•		
500	tion C. Computation of Public Sup						
15	Public support percentage for 2011 (line 8,			mn (f))		4.5	0/
						15	%
16	Public support percentage from 2010 Sche					16	%
	tion D. Computation of Investmer			10 1 20		11	
17	Investment income percentage for 2011 (lin					17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests - 2011. If the org	ganization did n	ot check the box	x on line 14, and	d line 15 is mo	re than 331/3%, a	and line
	17 is not more than 331/3 %, check this	is box and <b>sto</b>	<b>p here</b> . The org	anization qualifie	s as a publicly	supported organi	zation 🕨 🔃
b	331/3% support tests - 2010. If the orga	inization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/3	3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	zation 🕨
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions >

Schedule A (Form 990 or 990-EZ) 2011 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047
2011
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Complete Part III	organizations:	5), or (6)	501(c)(4),	<ul> <li>Sec</li> </ul>
--	-------------------	----------------	------------	------------	-------------------------

WIL	LIAMS COLLEGE			04-210	04847					
Pa	rt I-A Complete if the o	organization is exempt under s	section 501(c) or i	s a section 527 organ	ization.					
1	Provide a description of the	e organization's direct and indirect p	oolitical campaign ac	tivities in Part IV.						
2	Political expenditures			▶ \$						
3	Volunteer hours									
Par		organization is exempt under s								
1	Enter the amount of any ex	cise tax incurred by the organizatio	n under section 495	5 ▶ \$						
2		cise tax incurred by organization m								
3		If the organization incurred a section 4955 tax, did it file Form 4720 for this year?								
					Yes No					
	If "Yes," describe in Part IV.									
	•	organization is exempt under	· · · · · · · · · · · · · · · · · · ·	. ,,,,						
1	•	expended by the filing organization								
	activities			· · · · · · · · · · · · · · · · · · ·						
2		ng organization's funds contributed								
_	527 exempt function activit	ies		▶ \$						
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b									
4		le Form 1120-POL for this year? s and employer identification numb								
5		s and employer identification humb its. For each organization listed, en								
		ntributions received that were prom								
		and or a political action committee								
			. ,							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and					
				funds. If none, enter -0	promptly and directly					
					delivered to a separate political organization. If					
					none, enter -0					
(1)										
(')										
(2)										
(-)										
(3)										
(4)										
(5)										
(6)		L								
		1	I							

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

Schedule C (Form 990 or 990-EZ) 2011

Sch	nedule C (Form 990 or 990-EZ) 2011	WILLIA	MS COLLE	GE		04-2	2104847	Page 2
Pa	art II-A Complete if the or section 501(h)).	ganizati	on is exen	npt under sectior	501(c)(3) and	filed Form 5768 (ele	ection under	
Α	Check ▶ if the filing org	anization	belongs to	an affiliated grou	p (and list in Pa	rt IV each affiliated g	roup member	's
	name, address,	EIN, expe	enses, and	I share of excess le	obbying expend	itures).	-	
В	Check ▶ if the filing org	anization	checked b	oox A and "limited	control" provision	ons apply.		
	Limit	s on Lobb	ying Expen	ditures		(a) Filing	(b) Affiliate	d
	(The term "expend	litures" m	eans amou	nts paid or incurred	.)	organization's totals	group total	
1 a	Total lobbying expenditures to	influence	public opini	on (grass roots lobb	ying)			
	Total lobbying expenditures to							
	Total lobbying expenditures (a							
	Other exempt purpose expend							
	Total exempt purpose expend							
	Lobbying nontaxable amount.							
	columns.							
	If the amount on line 1e, column	(a) or (b) is:	The lobbyin	g nontaxable amount	is:			
	Not over \$500,000		20% of the	amount on line 1e.				
	Over \$500,000 but not over \$1,00	00,000	\$100,000 pl	us 15% of the excess	over \$500,000.			
	Over \$1,000,000 but not over \$1,			us 10% of the excess				
	Over \$1,500,000 but not over \$17	7,000,000	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.			
	Over \$17,000,000		\$1,000,000					
g	Grassroots nontaxable amoun	nt (enter 25	% of line 1f)					
_	Subtract line 1g from line 1a. l							
i	Subtract line 1f from line 1c. If							
j	If there is an amount other tha					Form 4720		
-	reporting section 4911 tax for	this year?					Yes	No
		ations that	made a se	aging Period Under ection 501(h) election instructions for lin	n do not have to	complete all of the fi on page 4.)	ve	
		Lobi	ying Expe	nditures During 4-Y	ear Averaging Pe	riod	T	
	Calendar year (or fiscal year beginning in)	(a) 2	008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	(e) Total	
2 a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
С	: Total lobbying expenditures							
d	Grassroots nontaxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2011

PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO	T filed	l Forr	Page 3 n 5768
(election under section 501(h)).	(a	١	(b)
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
<ul> <li>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:         <ul> <li>Volunteers?</li> <li>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>Media advertisements?</li> <li>Mailings to members, legislators, or the public?</li> <li>Publications, or published or broadcast statements?</li> <li>Grants to other organizations for lobbying purposes?</li> </ul> </li> </ul>		X X X X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	X	XXX	23,146 23,146
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6)) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."	(c)(5)	or se	Yes No 1 2 3
Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues an adjusted in the section 162 (e) dues the organization agree to carryover to the reasonable estimate of nondeductible located political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	es of th	e g	1 2a 2b 2c 3 4 5 5
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 1. Also, complete this part for any additional information.  LOBBYING ACTIVITY EXPLANATION  SCHEDULE C, PART II-B, LINE 1I			
THE ORGANIZATION PAYS MEMBERSHIP DUES TO MEMBER ORGANIZATIONS INCLUDING NACUBO AND ALCUM WHICH MAY ENGAGE IN LOBBYING ACTIVITIES. THEREFORE,			

Schedule C (Form 990 or 990-EZ) 2011 Page 4

Part IV **Supplemental Information** (continued)

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

*C* 

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

► Attach to Form 990. ► See separate instructions.

Employer identification number

WII	LLIAMS COLLEGE	04-2104847
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	•
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	donor odvisod
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
^	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 fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
Do	conferring impermissible private benefit?	Yes No
1 E	<b>Conservation Easements.</b> Complete if the organization answered "Yes" to F Purpose(s) of conservation easements held by the organization (check all that apply).	omi 990, Part IV, line 7.
1		
		of an historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	n the form of a conservation
	easement on the last day of the tax year.	Held of the Find of the Ton Vers
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified, transferred, released, extinguished, or termination of conservation easements modified transferred extinguished, and the conservation extinguished extinguis	nated 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, have	andling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	sements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	nts during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, edu public service, provide, in Part XIV, the text of the footnote to its financial statements that de	ication, or research in furtherance of scribes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its i	
b	works of art, historical treasures, or other similar assets held for public exhibition, edu	
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$738,550
	(i) Revenues included in Form 990, Part VIII, line 1	<b>▶</b> \$36,748,122
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	<b>.</b>
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

	WILI	IAMS COLLEGE						04-210	04847	
Sched	lule D (Form 990) 2011									Page 2
Par	t III Organizations Maintainin	g Collections of	Art, Histo	rical Tre	easures, o	r Other	Similar A	Assets (d	continued)	
3	Using the organization's acquisition collection items (check all that apply		other recor	_	-			ıre a sigr	nificant use	of its
а	X Public exhibition		d X	=	n or excha	nge prog	rams			
b	X Scholarly research		e	Oth	ier 					
С	x Preservation for future gen									
4	Provide a description of the organi	zation's collections	and expla	ain how t	they furthe	r the org	ganization	s exemp	t purpose i	in Part
	XIV.									
5	During the year, did the organization							_		
	assets to be sold to raise funds rathe							_		X No
Par	t IV Escrow and Custodial Are line 9, or reported an amount				nization an	swered	"Yes" to	Form 99	00, Part IV,	•
	Is the organization an agent, trustee included on Form 990, Part X?							_	Yes	X No
b	If "Yes," explain the arrangement in I	Part XIV and compl	lete the foll	lowing tal	ole:					
							A	mount		
С.	Beginning balance									
	Additions during the year Distributions during the year									
e	Ending balance									
f	Did the organization include an amo								X Yes	No
	If "Yes," explain the arrangement in I		rait A, iiiie	21:					A 163	
Par			ization an	swered	"Yes" to Fo	orm 990	) Part IV	line 10		
ı aı	Endownient i dias. Com	(a) Current year	( <b>b)</b> Pric		(c) Two year		( <b>d)</b> Three y		(e) Four yea	ars back
1a	Beginning of year balance	1742016968.		75029.	135638		17411		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions	17,712,878.	24,76	2,586.	7,662	,899.	14,72	2,390.		
С	Net investment earnings, gains,									
	and losses	53,538,731.	292,92	8,636.	158,826	,639.	-3207	54718.		
	Grants or scholarships	14,592,522.	13,17	8,824.	11,848	,782.	15,67	7,010.		
е	Other expenditures for facilities .									
	and programs	77,222,791.		7,392.	49,030			1,305.		
	Administrative expenses	5,419,727.		3,067.	5,318			4,407.		
g	End of year balance	1716033537.		16968.	145667			83537.		
2	Provide the estimated percentage of			e (line 1g,	column (a)	) held as:	:			
а	Board designated or quasi-endowne		_%							
b	Permanent endowment ► 27.29									
С	Temporarily restricted endowment		0.007							
2.	The percentages in lines 2a, 2b, and			.4: 414			:-4	41		
Sa	Are there endowment funds not in the	ne possession of tr	ne organiza	ation that	are neid ar	ia aamin	istered for	tne	Va	o No
	organization by: (i) unrelated organizations								Yes 3a(i)	_
	(ii) related organizations								3a(ii)	X
h	If "Yes" to 3a(ii), are the related orga								3b	X
4	Describe in Part XIV the intended us		•						35	
	t VI Land, Buildings, and Equi									
	Description of property	(a) Cost or	other basis	(b) Cost of	or other basis		umulated eciation	((	d) Book value	
1a	Land	(700	- 7	,	182,453.	2061			44,482,	452
	Buildings				585,875.	212 8	30.839		251,705,	
~		i i			, _ ,	, 0	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

63,094,251.

62,483,422.

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

33,976,394.

14,707,452.

373,081,316. Schedule D (Form 990) 2011

29,117,857.

47,775,970.

c Leasehold improvements

d Equipment

Schedule D (Form 990) 2011 Page 3

Part VII Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) REAL ASSET COMMINGLED FUNDS	39,680,550.	FMV	
(B) REAL ESTATE PARTNERSHIPS	98,053,088.	FMV	
(C) REAL ESTATE MUTUAL FUNDS	1,204,358.	FMV	
(D) PRIVATE EQUITY PARTNERSHIPS	342,983,660.	FMV	
(E) PRIVATE FIXED INCOME FUNDS	80,310,354.	FMV	
(F) REAL ASSET PARTNERSHIPS	48,128,938.	FMV	
(G) EQUITY HEDGE FUNDS	427,336,549.	FMV	
(H) ABSOLUTE RETURN HEDGE FUNDS	294,605,643.	FMV	
(I) REAL ASSET HEDGE FUNDS	46,787,564.	FMV	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,379,768,771.		
Part VIII Investments - Program Related. See F	orm 990, Part X, line	e 13.	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year marke	
(1)			
_(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, li	ne 15.		
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	2 261 0	206	
(2) US GOV'T ADVANCES FOR STUDENTS	3,361,2	296.	
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	2 261 0	106	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 3,361,2	30.	

**<sup>2.</sup>** FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Schedule D (Form 990) 2011 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 257,286,013. Total expenses (Form 990, Part IX, column (A), line 25) 2 226,413,491. Excess or (deficit) for the year. Subtract line 2 from line 1 3 30,872,522. 3 Net unrealized gains (losses) on investments 4 -37,300,025. Donated services and use of facilities 5 Investment expenses 6 6 Prior period adjustments 7 7 Other (Describe in Part XIV.) 8 -9,780,944. 8 Total adjustments (net). Add lines 4 through 8 9 -47,080,969. 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 -16,208,447. Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 166,133,067. Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains on investments **b** Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIV.) Add lines 2a through 2d -91,152,946. 2e Subtract line 2e from line 1 3 257,286,013. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 257,286,013. 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 182,341,514. Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities b Prior year adjustments 2b 2c d Other (Describe in Part XIV.) Add lines 2a through 2d 2e Subtract line 2e from line 1 182,341,514. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV.) 44,071,977. c Add lines 4a and 4b 44,071,977. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 226,413,491. Part XIV Supplemental Information Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. SEE PAGE 5

Schedule D (Form 990) 2011 WILLIAMS COLLEGE 04-2104847 Page 5

### Part XIV Supplemental Information (continued)

FORM 990, SCHEDULE D, PART III, LINE 1A

THE COLLEGE'S ART AND RARE BOOK COLLECTIONS ARE RECORDED AT COST OR APPRAISED VALUE AT THE DATE OF ACQUISITION. COLLECTIONS ARE NOT DEPRECIATED.

FORM 990, SCHEDULE D, PART III, LINE 4

THE MUSEUM'S PRINCIPAL MISSION IS TO ENCOURAGE MULTIDISCIPLINARY TEACHING

THROUGH ENCOUNTERS WITH ART OBJECTS THAT TRAVERSE TIME PERIODS AND

CULTURES.

FORM 990, SCHEDULE D, PART IV, LINE 2B
WILLIAMS COLLEGE SERVES AS TRUSTEE FOR VARIOUS CHARITABLE REMAINDER
TRUSTS AND MAINTAINS THE ASSETS AND CORRESPONDING RESERVE LIABILITIES ON
ITS BALANCE SHEET.

USE OF ENDOWMENT FUNDS SCHEDULE D, PART V, LINE 4

THE COLLEGE MANAGES AND INVESTS THE ENDOWMENT TO PROVIDE CURRENT AND

FUTURE SUPPORT FOR THE OPERATIONS OF THE COLLEGE. EXAMPLES OF SPECIFIC

PUPOSES INCLUDE SCHOLARSHIPS FOR STUDENTS, FACILITIES UPKEEP, RESEARCH,

FACULTY COMPENSATION AND OTHER ACADEMIC AND STUDENT OPERATIONS.

FORM 990, SCHEDULE D, PART X, LINE 2
WILLIAMS DID NOT REPORT A FIN 48 LIABILITY.

FORM 990, SCHEDULE D, PART XI, LINE 8

ACTUARIAL CHANGES AND PAYMENTS OF ANNUITIES \$(2,302,679)

<u>Schedule D (Form 990) 2011</u> <u>WILLIAMS COLLEGE</u> <u>04-2104847</u> Page **5** 

# Part XIV Supplemental Information (continued)

LOSS ON DISPOSITION OF FIXED ASSETS \$(3,823,869)

LOSS ON FINANCIAL CONTRACTS \$(3,654,396)

TOTAL \$(9,780,944)

FORM 990, SCHEDULE D, PART XII, LINE 2D

FINANCIAL AID \$(44,071,977)

LOSS ON DISPOSITION OF FIXED ASSETS \$(3,823,869)

ACTUARIAL CHANGES AND PAYMENTS OF ANNUITIES \$(2,302,679)

LOSS ON FINANCIAL CONTRACTS \$(3,654,396)

TOTAL \$(53,852,921)

FORM 990, SCHEDULE D, PART XIII, LINE 4B

FINANCIAL AID \$44,071,977

# SCHEDULE E (Form 990 or 990-EZ)

### **Schools**

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

2011

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Name of the organization
WILLIAMS COLLEGE
04-2104847

Pa	tl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,	4	X	
2	bylaws, other governing instrument, or in a resolution of its governing body?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	1	^	
_	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
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	3	Х	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially	4a	X	
b	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
_	with student admissions, programs, and scholarships?	4 c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Х	
	The you allowered the to any of the above, please explain. If you need more space, use if are in.			
_	Does the ergorization discriminate by rose in any way with respect to			
5 а	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		Х
Ū	Employment of faculty of administrative states.	30		
d	Scholarships or other financial assistance?	5d		X
_	Educational policies?			v
е	Educational policies?	5e		X
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	6b		X
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
•	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II	7	x	

Schedule E (Form 990 or 990-EZ) (2011) Page **2** 

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

FORM 990, SCHEDULE E, LINE 3

WILLIAMS COLLEGE COURSE CATALOG/BULLETIN.

FORM 990, SCHEDULE E, LINE 6A

RECEIPT OF FEDERAL FINANCIAL AID

STUDENTS AT WILLIAMS COLLEGE RECEIVE TITLE IV FEDERAL FINANCIAL AID.

STUDENTS APPLY FOR AND RECEIVE FEDERAL FINANCIAL AID & PROFESSORS APPLY

FOR AND RECEIVE GOVERNMENT GRANTS.

## **SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States**

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

► Attach to Form 990. ► See separate instructions. Employer identification number

04-2104847 WILLIAMS COLLEGE General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	X Yes No
	For grantmakers. Describe in assistance outside the United Sta	-	ganization's pi	ocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1)	EUROPE	1.	1.	PROGRAM SERVICES	ONE YEAR ACADEMIC PROG	832,961.
(2)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	36,883.
(3)	EUROPE			PROGRAM SERVICES		173,816.
(4)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		604,926,800.
(5)	EUROPE			INVESTMENTS		86,407,160.
(6)	SUB-SAHARAN AFRICA			INVESTMENTS		2,993,694.
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Sub-total Total from continuation sheets to Part I	1.	1.			695,371,314.
С	Totals (add lines 3a and 3b)	1.	1.			695,371,314.

Schedule F (Form 990) 2011

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 non-cash assistance	(h) Description of non-cash 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)									

Schedule F (Form 990) 2011 Pag

# Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
(2)							
_(3)							
_(4)							
_(5)							
(6)							
_(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2011
Part IV Foreign Forms

ган	r oreign r orms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X	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)	X	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 file Form 5713, International Boycott Report (see Instructions for Form 5713)		Yes	X	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 Page **5** 

# Part V Supplemental Information

Complete this part to 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).

SCHEDULE F, PART I, COLUMN (F)

ALL EXPENSES OF OUR PROGRAM IN OXFORD ARE RECORDED AS EXPENSES IN THE FINANCIAL STATEMENTS OF THE COLLEGE.

SCHEDULE F, PART I, LINE 2

FOR THE STUDENT TUITION PAYMENTS WE REMIT FUNDS DIRECTLY TO THE INSTITUTIONS BASED ON INVOICES RECEIVED FROM THE INSTITUTIONS.

SCHEDULE F, PART I, LINE 3

THE REGION REPORTED IN COLUMN(A) FOR THE COLLEGE'S INVESTMENTS IS BASED ON THE LEGAL DOMICILE OF THE INVESTMENT FUND AS PROVIDED IN THE SCHEDULE F INSTRUCTIONS. THIS DOES NOT REPRESENT THE REGION OF THE UNDERLYING INVESTMENTS OR THE REGION WHERE THE INVESTMENT ACTIVITY OCCURS.

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

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

▶ Attach to Form 990.

Name of the organization							Employer identification number				
WILLIAMS COLLEGE	04-2104847	04-2104847									
Part I General Information on Grants and	Assistance	•				'					
1 Does the organization maintain records to sub	stantiate the	amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	or assistance, and					
the selection criteria used to award the grants	the selection criteria used to award the grants or assistance?										
2 Describe in Part IV the organization's procedu	ires for mon	itoring the use o	of grant funds in the	United States.							
Fart II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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>(b)</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 non-cash assistance	(h) Purpose of grant or assistance				
(1) NORTHERN BERKSHIRE UNITED WAY, INC.											
P NORTH ADAMS, MA 01247	04-2104785	501 (C) 3	5,287.				PROGRAM SUPPORT				
(2) VILLAGE AMBULANCE SERVICE, INC.											
30 WATER STREET WILLIAMSTOWN, MA 01267	04-2756911	501(C)3	21,000.				MEDICAL SERVICES				
(3) WILLIAMSTOWN COMMUNITY CHEST											
P.O. BOX 204 WILLIAMSTOWN, MA 01267	04-6044550	501 (C) 3	30,205.				CHARITABLE CONTRIBU				
(4) IMAGES CINEMA											
50 SPRING STREET WILLIAMSTOWN, MA 01267	04-3407257	501 (C) (3)	47,500.				FILM EXHIBITION				
(5) MT. GREYLOCK REGIONAL HIGH SCHOOL											
1781 COLD SPRING ROAD	04-6006483		83,097.				COMMUNITY SUPPORT				
(6) mass museum of contemp art											
1040 MASS MOCA WAY NORTH ADAMS, MA 01247	04-3113688	501 (C) 3	50,000.				PROGRAM SUPPORT				
(7) 1 BERKSHIRES ALLIANCE											
66 ALLEN STREET PITTSFIELD, MA 01201	27-3148082	501 (C) 6	25,000.				ECONOMIC DEVELOPMEN				
_(8)											
_(9)											
(10)											
(11)											
(12)											
2 Enter total number of section 501(c)(3) and gr	l overnment o	rganizations lis	lted in the line 1 tab	l <u> </u>			5.				
3 Enter total number of other organizations liste		_					2.				

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. 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 FINANCIAL AID - SCHOLARSHIPS TO STUDENTS	1,148.	44,071,977.		воок	
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GRANTS - EXPLANATION

SCHEDULE I, PART I, LINE 2

FINANCIAL AID IS AWARDED BY FINANCIAL AID PROFESSIONALS IN ACCORDANCE

WITH COLLEGE POLICIES.

SCHEDULE I, PART III

CASH GRANTS ARE CREDITS TO STUDENT ACCOUNTS.

## **SCHEDULE J** (Form 990)

Compensation Information

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

▶ Complete if the organization are 22

Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

WILLIAMS COLLEGE

Inspection Employer identification number

04 - 2104847

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account  X Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
_				
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. Explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
	organization or a related organization:	_		
а	Receive a severance payment or change-of-control payment?	4a	37	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	37
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion 504/c)/(2) and 504/c)/(4) argonizations must complete lines 5.0			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:	F -		Х
a	The organization?	5a 5b		X
b	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.	30		Λ
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
U	compensation contingent on the net earnings of:			
а		6a		Х
		6b		X
	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	0.5		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
-	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

# 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(i)	409,168.	(	50,658.	27,746.	75,460.	563,032.	
1 ADAM FALK	(ii)	C	C	0	Q	0	C	0
	(i)	383,572.	245,006.	41,131.	187,746.	21,127.	878,582.	85,006.
2 COLLETTE CHILTON	(ii)	C	C	0	0	0	C	0
	(i)	128,978.		3,495.	14,489.	19,398.	166,360.	
3 KELI A. KAEGI	(ii)	C	C	0	0	0	C	0
	(i)	283,283.	(	1,564.	27,746.	16,978.	329,571.	
4 STEPHEN P. KLASS	(ii)	C	C	0	0	0	C	0
	(i)	226,890.		0	12,183.	7,270.	246,343.	
5 JOHN MALCOLM	(ii)	С	C	0	0	0	C	0
	(i)	149,759.		10	13,623.	25,263.	188,645.	
6 FREDERICK PUDDESTER	(ii)	С	C	0				
	(i)	227,566.		148.	26,407.	30,421.	284,542.	
7 MICHAEL E. REED	(ii)	С	C	0				
	(i)	187,602.		0	21,310.	19,127.	228,039.	
8 SARAH BOLTON	(ii)	C	(	0				
	(i)	140,180.		] <u>0</u>	15,783.	19,127.	175,090.	
9 WILLIAM DUDLEY	(ii)	155 126	(	0	15.506	40.150	010 006	
	(i)	155,136.	ļ <sup>(</sup>	5.	17,596.	40,159.	212,896.	
10 PETER MURPHY	(ii)	005 314	(1 041	0	CO E41	10 440	268 865	0.4 5.01
	(i)	225,314.	61,241.	21.	62,741.	18,448.	367,765.	24,521.
11 HOK JOENG	(ii)	120 054		157 720	12 051	17 000	200 041	
DANITHI I MAIGH	(i)	120,054.	}	157,738.	13,251.	17,998.	309,041.	
12 DANIEL LYNCH	(ii)	185,795.		8,710.	19,827.	17,262.	231,594.	
13 NANCY ROSEMAN	(i)	105,795.	ļ			17,202.	<u></u>	
13 NANCI ROSEMAN	(ii)	139,843.		85,334.	15,625.	17,998.	258,800.	
14 MARTHA TETRAULT	(i)	139,043.	t	1			250,000.	
14 PARTA IETRAULI	(ii)	250,635.	88,337.	931.	88,946.	20,927.	449,776.	27,137.
15 BRADFORD B. WAKEMAN	(i)							
19 DIVADE OND D. WANTEMAN	(ii)	178,904.	(	21.	20,454.	19,542.	218,921.	
16 WILLIAM J. LENHART	(i) (ii)	170,704.	<u> </u>	1				
10 MITTITAL O. DEMINAKI	(II)		1	1 9			<u> </u>	<u> </u>

Schedule J (Form 990) 2011

# 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

	(B) Breakdow	n of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(i) 193,104	. (	21.	22,224.	19,727.	235,076.	
1 WILLIAM G. WAGNER	(ii)	o o	0				
	(i)						
2	(ii)						
	(i)						
3	(ii)						
	(i)						
4	(ii)						
	(i)						
5	(ii)						
	(i)						
6	(ii)						
	(i)		<u> </u>				
7	(ii)						
	(i)		ļ 				
8	(ii)						
	(i)		ļ				
9	(ii)						
	(i)		<del> </del>				
10	(ii)						
	(i)		<del> </del>				
11	(ii)						
	(i)		<del></del>				
12	(ii)						
	(i)		<del> </del>				
13	(ii)						
44	(i)		<del> </del>				
14	(ii)						
15	(i)	+	<del> </del>				<del></del>
13	(i)						
16	(i)	+	<del> </del>				
16	(")	1	L			L	<u> </u>

Schedule J (Form 990) 2011

### Part | Supplemental Information

Complete this part to 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.

BENEFITS

SCHEDULE J, PART I, LINE 1A

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

PRESIDENT FALK WAS REQUIRED TO LIVE ON CAMPUS AS A CONDITION OF HIS

EMPLOYMENT AND FOR THE CONVENIENCE OF WILLIAMS. WILLIAMS PROVIDES HOUSING

FOR EMPLOYEES WHEN THERE IS A REQUIREMENT TO LIVE IN COLLEGE HOUSING.

WILLIAMS HAS INCLUDED AS NONTAXABLE COMPENSATION IN COLUMN D THE

ESTIMATED RENTAL VALUE OF THE PRIVATE AREAS OF THE RESIDENCE.

HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES:

WILLIAMS PAID DUES FOR A GOLF COURSE MEMBERSHIP FOR PRESIDENT FALK. THE

AMOUNTS WERE REPORTED AS TAXABLE COMPENSATION.

PERSONAL SERVICES:

PRESIDENT FALK RECEIVED CERTAIN PERSONAL SERVICES PROVIDED AT HIS HOUSE.

SUCH SERVICES THAT WERE NOT BUSINESS RELATED WERE REPORTED AS TAXABLE

Schedule J (Form 990) 2011

#### Part | Supplemental Information

Complete this part to 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.

SCHEDULE J, PART I, LINE 4B AND LINE 7

MEMBERS OF THE INVESTMENT OFFICE STAFF ARE ELIGIBLE TO RECEIVE AN ANNUAL BONUS UP TO CERTAIN PERCENTAGE OF THER BASE SALARY. THE BONUS IS DETERMINED BY THE PERFORMANCE OF THE INVESTMENT PORTFOLIO IN RELATION TO THE PERFORMANCE OF THE POLICY BENCHMARK. THE POLICY BENCHMARK IS ESTABLISHED BY THE INVESTMENT COMMITTEE OF THE BOARD OF TRUSTEES. THE BONUS IS PAID OUT OVER TIME, REQUIRES THE INDIVIDUAL TO REMAIN EMPLOYED IN ORDER TO BE ELIGIBLE TO RECEIVE PAYMENT, AND IS SUBJECT TO NEGATIVE EARNINGS PROVISIONS.

## **SCHEDULE K** (Form 990)

# **Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** 

Name of the organization

Department of the Treasury

Internal Revenue Service

WILLIAMS COLLEGE 04-2104847 **Bond Issues** (i) Pooled **(h)** On (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased behalf of financing issuer Yes Nο Yes Nο Yes No A MASS. HEALTH & EDU FACILITIES AUTHORITY SERIES L 04-2456011 57586COS7 01/04/2007 Х Х 76,536,465. CONSTRC AND 1999 ADV. REFUNDING **B** mass. Health & edu facilities authority series n&o 04-3431814 57583UAA6 03/24/2011 CONSTR AND 2007 CURRENT REFUNDING Х C MASS. HEALTH & EDU FACILITIES AUTHORITY SERIES J&K 04-2456011 57586CPX7 04/03/2006 73,396,573, 1996 & 2003 CURRENT REFUNDING Х D MASS. HEALTH & EDU FACILITIES AUTHORITY SERIES H&I 04-2456011 57585KW79 115,049,757, CONSTRC AND 1993 CURRENT REFUNDING 04/02/2003 Part II Proceeds Α В С D 985,685. 119,470. 5,605,197. 55,614,258. 115,049,757. 76,536,465. 92,077,256. 73,396,573 6 Proceeds in refunding escrows............ 518,260. 661,056 556,293. 644,884. 9 Working capital expenditures from proceeds ............. 66,333,146. 29,107,682. 100,699,405. 9,685,059. 41,250,000 72,840,280 13,705,468. 21,058,518. 2008 2006 2005 Yes Yes No Yes No Yes No No X X Χ Χ Χ Χ Χ Χ 15 Were the bonds issued as part of an advance refunding issue?.......... Х X Χ Χ Χ Χ Χ 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? • • • • Part | Private Business Use В С D Α Yes Yes 1 Was the organization a partner in a partnership, or a member of an LLC, which owned Yes No No No Yes No property financed by tax-exempt bonds? Х Χ Х Χ 2 Are there any lease arrangements that may result in private business use of bond-financed property? Χ Χ Х Х

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

Schedule K (Form 990) 2011

Part	Private Business Use (Continued) TA	X EXEMP	T BOND	LIA	ABILIT	IES					
			A			В		С		D	
3a A	are there any management or service contracts that may result in private business	Yes	No		Yes	No	Yes	No	Yes	No	
U	se of bond-financed property?		X			Х		X		Х	
<b>b</b> If	"Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel or review any management or service contracts relating to the financed property?										
	are there any research agreements that may result in private business use of bond- nanced property?		Х			Х		X		Х	
d I	"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?										
	inter the percentage of financed property used in a private business use by entities ther than a section 501(c)(3) organization or a state or local government			%		%		%			%
r	inter the percentage of financed property used in a private business use as a esult of unrelated trade or business activity carried on by your organization, nother section 501(c)(3) organization, or a state or local government	1	.6840	%	1.	.0370 %		.9720 %	1	.9240	%
	otal of lines 4 and 5		.6840	%	1.	.0370 %		.9720 %	, 1	.9240	%
7 H	las the organization adopted management practices and procedures to nsure the post-issuance compliance of its tax-exempt bond liabilities?	Х			Х		Х		Х		

Ра	Arbitrage								
			A		В		С		D
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No
	Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		Х	X		Х			X
3 a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		X	X			X
b	Name of provider					MORGAN STA	NLEY		
	Term of hedge						20.000		
	Was the hedge superintegrated?						X		
	Was the hedge terminated?						X		
	Were gross proceeds invested in a guaranteed investment contract (GIC)?				X		X	X	
b	Name of provider	RBC CAPITAI					-	TRINITY	
	Term of GIC		2.000						3.250
	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X						X	
5	Were any gross proceeds invested beyond an available temporary period?		X		Х		X		X
6	Did the bond issue qualify for an exception to rebate?	Х		Х		X		Х	

Part V	Procedures To Undertake Corrective Action
Check the	box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary
closing agr	eement program if self-remediation is not available under applicable regulations
Part VI	Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

### SCHEDULE L (Form 990 or 990-EZ)

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection | Inspection | Employer identification number

WILLIAMS COLLEGE 04-2104847 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No (1) (2) (3)(4)(5) (6)2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (c) Original (d) Balance due (e) In default? (f) Approved (g) Written (b) Loan to or from principal amount by board or agreement? committee? То From Yes Nο Yes Nο Yes No 70,000. 33,208. (1) KELI KAEGI MORTGAGE ON PRIM RES X X X X (2) Χ 100,000. 83,913. Х Χ Χ STEPHEN KLASS MORTGAGE ON PRIM RES Х 40,000. 40,000. Х Χ Х (3) JOHN MALCOLM MORTGAGE ON PRIM RES Χ 80,232. 71,116. Х Χ Χ SARAH BOLTON MORTGAGE ON PRIM RES 22,832. Χ 64,907. Х Χ Х (5) NANCY ROSEMAN MORTGAGE ON PRIM RES Χ 56,563. 15,295 Χ Χ Χ (6)WILLIAM LENHART MORTGAGE ON PRIM RES (7) (8) (9)(10)266,364. Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount and type of assistance (b) Relationship between interested person and the organization (1) (2) (3) (4) (5)(6) (7) (8) (9) (10)

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

Schedule L (Form 990 or 990-EZ) 2011

# Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
(1) ARI SOLOMON	SPOUSE OF A KEY EMPLOYEE	12,240.	VISITING ASST PROFESSOR		Х
(2) STEPHANIE BOYD	SPOUSE OF AN OFFICER	55,386.	WILLIAMS COLLEGE EMPLOYEE		Х
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

# Part V Supplemental Information

Schedule L (Form 990 or 990-EZ) 2011

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Page 2

# SCHEDULE M (Form 990)

### **Noncash Contributions**

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

► Attach to Form 990.

OMB No. 1545-0047

2011

Open To Public

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. Inspectio

WILLIAMS COLLEGE 04-2104847 **Types of Property** (c) (a) (b) (d) Noncash contribution Number of contributions or Check if Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 733,000. APPRAISALS 1 2 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods........... 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property Χ 278. 10,469,244. FMV 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial Χ 1. 560,000. APPRAISALS 16 Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Other ►( BOOKS ) MARKET PRICE 5,550. 25 26 Other ►(\_\_\_\_\_) Other ►(\_\_\_\_\_) 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for 7. which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . Yes Νo 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a **b** If "Yes," describe in Part II. 33 If the organization did not 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) (2011)

Schedule M (Form 990) (2011) Page **2** 

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

IN COLUMN B, THE COLLEGE IS REPORTING THE NUMBER OF CONTRIBUTIONS.

ARRANGEMENTS WITH THIRD PARTIES OR RELATED ORGANIZATIONS.

SCHEDULE M, PART I, LINE 32B

WILLIAMS COLLEGE GENERALLY USES A BROKER/AGENT TO FACILITATE THE SALE OF

REAL PROPERTY.

Schedule M (Form 990) (2011)

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2011
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number 04-2104847

WILLIAMS COLLEGE

MISSION STATEMENT

FORM 990, PART I, LINE 1 AND PART III, LINES 1 AND 4A
WILLIAMS COLLEGE (THE "COLLEGE" OR "WILLIAMS") IS A PRIVATE, NON-PROFIT,
NON-SECTARIAN INSTITUTION OF HIGHER EDUCATION COMMITTED TO THE LIBERAL
ARTS EDUCATION OF YOUNG MEN AND WOMEN. IT IS LOCATED IN WILLIAMSTOWN,
MASSACHUSETTS, ON A CAMPUS OF APPROXIMATELY 450 ACRES. THE COLLEGE WAS
FOUNDED IN 1793 AS A COLLEGE "FOR THE PURPOSE OF EDUCATING YOUTH." THE
COLLEGE BECAME CO-EDUCATIONAL IN 1971. TODAY, WILLIAMS IS AN INDEPENDENT
LIBERAL ARTS COLLEGE FOR APPROXIMATELY 2,000 FULL-TIME UNDERGRADUATE AND
50 GRADUATE STUDENTS WHO COME FROM ALL OF THE 50 STATES AND MANY FOREIGN
COUNTRIES. THE WILLIAMS CURRICULUM OFFERS STUDY IN THE HUMANITIES, THE
SOCIAL SCIENCES AND THE NATURAL SCIENCES AND COMBINES A BROAD EDUCATION
WITH KNOWLEDGE OF ONE FIELD IN DEPTH. THE COLLEGE OFFERS THE BACHELOR OF
ARTS DEGREE AT THE UNDERGRADUATE LEVEL. IN ADDITION, MASTER OF ARTS
PROGRAMS IN POLICY ECONOMICS AND HISTORY OF ART ARE OFFERED.

CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VI, LINE 4

THE BOARD OF TRUSTEES ADOPTED AMENDMENTS TO THE CORPORATE BYLAWS THAT: 1)

CLARIFIED THE PROVISIONS FOR THE MAXIMUM NUMBER AND LENGTH OF TRUSTEE

TERMS, INCLUDING THE TERM OF THE CHAIR OF THE BOARD, 2) REVISED THE

PROVISIONS FOR TRUSTEES EMERITI, 3) INCREASED THE VOTING REQUIREMENT FOR

AMENDMENTS TO THE BYLAWS FROM TWO-THIRDS TO THREE-FOURTHS, AND 4)

MODIFIED VARIOUS PROVISIONS TO MODERNIZE THE LANGUAGE, CONFORM TO CURRENT

Name of the organization

WILLIAMS COLLEGE

04-2104847

BOARD PRACTICES AND ELIMINATE AMBIGUITIES.

REVIEW PROCESS

FORM 990, PART VI, LINE 11A

WORKING WITH PRICEWATERHOUSECOOPERS, LLP ("PWC"), THE FORM 990 IS

PREPARED FOR REVIEW BY SENIOR MANAGEMENT AND THE AUDIT COMMITTEE. PWC

SIGNS THE RETURN AS PAID PREPARER. A FINAL FORM 990 EXCLUDING THE NAMES

OF ANONYMOUS DONORS WAS THEN DISTRIBUTED TO THE FULL BOARD BEFORE FILING

WITH THE IRS.

CONFLICT OF INTEREST

FORM 990, PART VI, SECTION B, LINE 12C

TRUSTEES ARE REQUIRED TO FILE A CONFLICT OF INTEREST DISCLOSURE ANNUALLY.

THE DISCLOSURE FORMS ARE REVIEWED BY THE CHAIR OF THE AUDIT COMMITTEE.

EMPLOYEES ARE REQUIRED TO FILE A CONFLICT OF INTEREST DISCLOSURE FORM

ANNUALLY. DISCLOSURES ARE REVIEWED BY DEPARTMENT HEADS AND SENIOR STAFF.

TRUSTEES AND EMPLOYEES ARE EXPECTED TO REPORT ANY MID-YEAR CHANGES TO THE

PRESIDENT'S OFFICE AND THIER SUPERVISOR RESPECTIVELY. WHERE A CONFLICT

OF INTEREST IS KNOWN, THE TRUSTEE RECUSES HIM/HER SELF FROM THE

DECISION.

DOCUMENT RETENTION POLICY

FORM 990, PART VI, SECTION B, LINE 14

WILLIAMS COLLEGE DOES NOT HAVE ON OVERARCHING DOCUMENT RETENTION POLICY.

EACH DEPARTMENT HAS A DOCUMENT RETENTION AND DESTRUCTION POLICY THAT IS

Name of the organization

WILLIAMS COLLEGE

04-2104847

APPLICABLE TO THE NATURE OF THE INFORMATION THAT THEY COLLECT.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

WILLIAMS COLLEGE ASSIGNS THE DUTY OF SETTING EXECUTIVE COMPENSATION TO
THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMMITTEE
SELECTS A SUBSET OF THE COMMITTEE TO SERVE AS AN INDEPENDENT COMPENSATION
COMMITTEE THAT ANNUALLY REVIEWS THE COMPENSATION OF THE PRESIDENT. THIS
COMMITTEE CONSIDERS COMPENSATION SURVEYS, MARKET DATA AND ANALYSES. THE
COMMITTEE'S DELIBERATIONS ARE NOTED. THE COMPENSATION OF THE
ORGANIZATION'S OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE
PRESIDENT. THE PRESIDENT CONSIDERS COMPENSATION SURVEYS, MARKET DATA AND
ANALYSES.

### GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

WILLIAMS COLLEGE FINANCIAL STATEMENTS ARE POSTED ON THE COLLEGE WEBSITE.

CONFLICT OF INTEREST STATEMENTS AND GOVERNING DOCUMENTS ARE ON FILE IN

THE PRESIDENT'S OFFICE AND ARE NOT PUBLIC.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 5

UNREALIZED GAIN ON INVESTMENTS \$(37,300,025)

ACTUARIAL CHANGES AND PAYMENTS OF ANNUITIES \$(2,302,679)

LOSS ON DISPOSITION OF FIXED ASSETS \$(3,823,869)

Schedule O (Form 990 or 990-EZ) 2011 Page **2** 

Name of the organization

WILLIAMS COLLEGE

04-2104847

LOSS ON FINANCIAL CONTRACTS \$(3,654,396)

TOTAL \$(47,080,969)

GOVERNING BODY AUTHORITY

PART VI, SECTION A, LINE 1A

WILLIAMS COLLEGE'S GOVERNING BODY AND GOVERNING DOCUMENTS DELEGATE

AUTHORITY ON A LIMITED SCOPE TO AN EXECUTIVE COMMITTEE CONSISTING OF THE

BOARD CHAIR, THE PRESIDENT OF THE COLLEGE, AND 5-7 OTHER BOARD MEMBERS

SELECTED ANNUALLY BY THE CHAIR AND PRESIDENT ACTING JOINTLY.

ATTACHMENT 1

### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BARR AND BARR INC 260 COCHITUATE ROAD, 2ND FLOOR FRAMINGHAM, MA 01701	CONSTRUCTION	996,211.
CONSIGLI CONSTRUCTION CO., INC. 72 SUMMER STREET MILFORD, MA 01757	CONSTRUCTION	15,027,267.
SALCO CONSTRUCTION CO. INC 77 FOURTH STREET PITTSFIELD, MA 01201	CONSTRUCTION	1,786,560.
GIGLOTTI ELECTRIC INC P.O. BOX 553 PITTSFIELD, MA 01202	CONSTRUCTION	1,397,628.
BOHLIN CYWINSKI JACKSON 8 WEST MARKET STREET WILKES-BARRE, PA 18701	CONSTRUCTION	960,091.
TOTAL	COMPENSATION	20,167,757.

ATTACHMENT 2

Name of the organization

WILLIAMS COLLEGE

O4-2104847

ATTACHMENT 2 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

BEGINNING

BEGINNING

BOOK VALUE

BOOK VALUE

OR FMV

TOTALS 519,303,658. 418,698,199.

418,698,199.

FMV

519,303,658.

PUBLICLY TRADED SECURITY

### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization WILLIAMS COLLEGE Employer identification number 04-2104847

Part I Identification of Disre	garded Entities (Complete if	une organization a		- Onn 990, r art	iv, iiiie 33. <i>)</i>			
Name, addres	(a) s, and EIN of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co ent	ntrolling
_(1)								
(2)								
_(5)								
Part II Identification of Relation one or more related ta	ed Tax-Exempt Organizations x-exempt organizations during	(Complete if the tax year.)	e organization ans	wered "Yes" to F	Form 990, Part IV	/, line 34 because	e it had	
(a) Name, address, and EIN		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	· ·	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 8	<b>g)</b> 512(b)(13) rolled tity?
							Yes	No
(1) STERLING & FRANCINE CLARK ART IN 225 SOUTH STREET	WILLIAMSTOWN, MA 01267	ART MUSEUM	MA	501(C)(3)	11A	WILLIAMS	X	
(2) ASSOCIATED KYOTO PROGRAM INC.  COLLEGE HALL RM 204	04-2996114 NORTHAMPTON, MA 01063	EDUCATION	MA	501(C)(3)	11D	N/A		Х
(3) WILLIAMS COLLEGE LAND FOUNDATION 880 MAIN STREET	04-3158500 WILLIAMSTOWN, MA 01267	RE HOLDING	MA	501(C)(3)	N/A	N/A		Х
(4) WILLIAMS COLLEGE OXFORD PROGRAM  145 BANBURY ROAD 0X27AN	OXFORD, ENGLAND, UK	EDUCATION	UK	501 (C) (3)	N/A	WILLIAMS	Х	
<u></u>								

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

Schedule R (Form 990) 2011

1E1307 1.000

\_(7)

Schedule R (Form 990) 2011

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34

	because it had one or r	nore related orga	nizations	treated as a pa	rtnership during	the tax year.)								
	(a) Name, address, and EIN of related organization	<b>(b)</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	Dispro	(h) oportionate cations?	Code amount Sched	(i) V-UBI in box 20 of dule K-1 n 1065)	Gene man part	ner?	<b>(k)</b> Percentage ownership
(1)								Yes	No			Yes	No	
7-7														
(2)														
(3)														
<u>(4)</u>														
<u>(5)</u>														
<u>(6)</u>														
<u>(7)</u>														
Part IV	Identification of Relate	ed Organizations	Taxable	as a Corporations treated	on or Trust (Con	nplete if the org	anization answer	ed "	Yes"	to For	m 990,	Part	IV,	
	(a) Name, address, and EIN of		ned Organ	(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) are of t			g) are of ear ass	sets	(h) Percentage ownership
(1) CHZ	ARITABLE REMAINDER TRUSTS (54	<u>)</u>												
(2) POO	DLED INCOME FUNDS (3)			FUNDRAISING	MA	N/A	TRUST							
				FUNDRAISING	MA	N/A	TRUST							
(3) PEF	RPETUAL TRUSTS (5)			FUNDRAISING	MA	N/A	TRUST							
<u>(4)</u>					MA	IV/ A	IRUSI							
<u>(5)</u>														
<u>(6)</u>														

(7)

Schedule R (Form 990) 2011

Part V	<b>Transactions With Related Organizations</b>	(Complete if the organization answered	d "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)
--------	--	--	---

No	te. 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?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1 c		Х
d	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1 e		Х
f	Sale of assets to related organization(s)	1f		Х
g	Purchase of assets from related organization(s)	1g		Х
h	Exchange of assets with related organization(s)	1h		Х
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		Х
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		Х
ı	Performance of services or membership or fundraising solicitations by related organization(s)	11		Х
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 m		X
n	Sharing of paid employees with related organization(s)	1 n		Х
0	Reimbursement paid to related organization(s) for expenses	10	X	$\perp$
р	Reimbursement paid by related organization(s) for expenses	1p		X
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related organization(s)	1r		X
^	If the account of the character that the factor of the factor of the contract of the Part Call Programmed and Carabbar and the contract of the contract of the Carabbar and the contract of the contract of the Carabbar and the contract of the Carabbar and the Carabbar and the contract of the Carabbar and the Cara	1 1.1.	_	

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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) STERLING & FRANCINE CLARK ART INSTITUTE	0	48,181.	CASH
(2) WILLIAMS COLLEGE OXFORD PROGRAM	0	707,969.	CASH
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2011

# 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		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	No	(1011111003)	Yes	No	
(1)													
(2)													
(3)													
(4)													
<u>(5)</u>													
<u>(6)</u>													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2011 Page 5

# Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).