DLN: 93493102006241

990 -

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

Open to Public Inspection

АГ	or the 2	calendar			009 and ending 06-30-2010		D Employer	dentificat	tion number
	neck if ap	· rease	● WASHING	organization TON AND LEE UNIVERSITY	•				Hallide
_	ldress cha	label o	or Doing Bus	siness As			54-0505 E Telephone		
□ Na	ame chan	ge print o type. S	or j						
In	ıtıal returr		Number a		naıl ıs not delivered to street address) Room/suite	(540) 458		210.040
T Te	erminated		- I UNIVERSI	ITY PLACE			G Gross receip	163,3	10,948
┌ Ar	nended re	eturn		wn, state or country, and	ZIP + 4	1			
_ At	plication	pending	LEXINGTO	DN, VA 24450					
		F	Name and add	lress of principal offic	er	H/a) Ta +b		6	
		KEI	NNETH P RUS	CIO	-	affilia	ıs a group ret ites?		Yes V No
			IVERSITY PLA XINGTON, VA						
			XINGTON, VA	24430		. ,	II affiliates incl		Yes No
ı T	ax-exemp	pt status 🔽 5	501(c) (3) 🖪 (ıns	sert no)	or	_	o," attach a lı ıp exemption		
				, , , , , , , , , , , , , , , , , , , ,	,	H(c) Grou	ip exemption	ilullibel F	•
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			rporation 🖵 Trust	Association Other	•	L Year of fo	rmation 1749	M State of	of legal domicile VA
Pa	art I								
		•			t significant activities		0	. # 1D	O LMM danuara
		_		_	e education to almost 1,800 ur ion stmt can be found in ATCH	_	e students &	offers JD	& LMM degrees
ဋ	1 -	10 0VET 400 IA	w stadents eat	en year copy or miss	ion stille call be loand in A l Cil				
豆									
<u>.</u>									
Governance	2 (Check this box	x দ If the org	janızatıon dıscontınu	ed its operations or disposed o	f more than	25% of its ne	t assets	
×6	3 1	Number of voti	ıng members o	f the governing body	(Part VI, line 1a)			з	36
S.	4	Number of inde	ependent votın	g members of the gov	erning body (Part VI, line 1b)			4	35
Activities	5	Total number o	of employees (Part V , line 2a) .				5	2,200
ទ្ធ	6	Total number o	of volunteers (estimate if necessary)			6	450
•	7a -	Total gross un	related busine	ss revenue from Part	VIII, column (C), line 12 .			7a	180,218
	ь	Net unrelated I	business taxal	ble income from Form	990-T, line 34			7b	-500,882
						Prio	r Year	Cu	ırrent Year
٠.	8	Contributions	s and grants (P	art VIII, line 1h) .			66,646,105		31,076,847
Rayenue	9	Program serv	/ıce revenue (P	Part VIII, line 2g) .			95,161,755		98,802,504
9.6	10	Investment i	ncome (Part V	III, column (A), lınes	3, 4, and 7d)		20,176,419		32,861,631
ш	11				d, 8c, 9c, 10c, and 11e)		156,763		569,966
	12				ial Part VIII, column (A), line		182,141,042		163,310,948
	13						24,821,645		28,960,957
	14				(A), line 4)		^ Z+,0Z1,045		28,960,957
	15				(A), inte 4) (Part IX, column (A), lines 5-		0		
83	15	10)	ci compensatio	on, employee beliefits	(i dic IX, column (A), mes 5-		76,005,473		79,584,478
Expenses	16a	Professional	fundraising fee	es (Part IX, column (A), line 11e)		0		0
줖	ь	Total fundraising	g expenses (Part 1	IX, column (D), line 25) 🕨	4,216,652				
ш	17				11d, 11f-24f)		55,077,168		51,487,994
	18	Total expens	es Add lines 1	L3-17 (must equal P	art IX, column (A), line 25)		155,904,286		160,033,429
	19				ne 12		26,236,756		3,277,519
<u>ኞ</u>							g of Current		nd of Year
Not Assets or Fund Balances	20	Total assets					'ear 311,348,361		1,387,416,640
8.8	120		(Part X line 1)	6)				i	_,,,,
_, _,	21		•	6) 					
žĔ	21		es (Part X, line	26)			206,865,150		195,680,110
		Net assets or	es (Part X, line r fund balances	•					
	21 22 rt II	Net assets or Signature	es (Part X, line r fund balances e Block	26)	m line 20		206,865,150		195,680,110

Sign
Here

Signature of officer

STEVEN G MCALLISTER TREASURER
Type or print name and title

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

MCLean, VA 22102

May the IRS discuss this return with the preparer shown above? (see instructio

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SEE ATTACHMENT 2 IN SCHEDULE O

2		ition undertake any signific 90 or 990-EZ?				┌ Yes ┌ No
	If "Yes," describ	e these new services on S	chedule O			
3	services? .	ition cease conducting, or to these changes on Scheo				┌ Yes ┌ No
4	Section 501(c)(tions and sectio	n 4947(a)(1) trusts a	largest program services by re required to report the am service reported	•
4a	(Code TO PROVIDE HIGH	611,310) (Expenses \$ IER EDUCATION	112,795,702	including grants of \$	28,960,957) (Revenue \$	98,802,504)
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		services (Describe in Sc	•			
	(Expenses \$	ınc	luding grants of	\$) (Revenue \$)
4e	Total program	service expenses►\$	112,795,702	2		

Part TV	Checklist	of De	auired	Schadu	عمار
2 III T V	CHECKHS	. UI KE	uuneu	Scheut	He:

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	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	25a		Νο
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? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

	Construction of the second of		Yes	No
La	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
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?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
a	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	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?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
ס	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

WASHINGTON AND LEE UNIVERSITY

LEXINGTON, VA 244502116

(540) 458-8400

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

Se	ction A. Governing Body and Management					
	etton A. Governing Body and Hanagement				Yes	No
1a	Enter the number of voting members of the governing body	1a	36			
b	Enter the number of voting members that are independent	1b	35			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness •	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		Νο
4	Did the organization make any significant changes to its organizational documents s filed?	ınce t	he prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the orga	anızatı	on's assets?	5		Νο
6	Does the organization have members or stockholders?			6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect governing body?	one o	r more members of the	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written active year by the following	-	•			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A,					
	organization's mailing address? If "Yes," provide the names and addresses in Sched			9		Νo
	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal			
Re	venue Code.)				V	
10-	December of the community of the communi			10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	•	· · · · · · ·	10a		No
	affiliates, and branches to ensure their operations are consistent with those of the or	rganız	ation?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governir	ng bod	y before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually	ıntere	sts that could give rise			
	to conflicts?			12b	Yes	
	describe in Schedule O how this is done		·	12c	Yes	
13	Does the organization have a written whistleblower policy?	•		13	Yes	
14	Does the organization have a written document retention and destruction policy? $\ \ .$	•		14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of th					
	The organization's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other officers or key employees of the organization	•		15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of			16a		No
b	taxable entity during the year?	anızat	ion to evaluate its	104		NO
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?		=	16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governir interest policy, and financial statements available to the public See Additional Data	_	•			
20	State the name, physical address, and telephone number of the person who possesses			ie orga	ınızatıor	n 🕨
	DEBORAH Z CAYLOR					

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization 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 the organization did i	not compen	sate any	/ curi	rent	or fo	rmer c	office	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►136

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
KJELLSTROM AND LEE INC 1607 OWNBY LANE RICHMOND, VA 23220	CONSTRUCTION	6,752,622
MAKENA CAPITAL LP 2755 SAND HILL ROAD SUITE 200 MENLO PARK, CA 94025	INVESTMENT MGMT	1,743,292
GLAVE AND HOLMES ASSOCIATES PC 801 EAST MAIN STREET RICHMOND, VA 23223	ARCHITECTURAL	1,025,811
BRANCH AND ASSOCIATES INC 5732 AIRPORT ROAD NW ROANOKE, VA 24021	CONSTRUCTION	518,084
AVIS CONSTRUCTION COMPANY INC 521 RUTHERFORD AVENUE NE ROANOKE, VA 24016	CONSTRUCTION	381,141
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►18) who received more than	

exempt b	(C) nrelated usiness evenue	(D) Revenue excluded from tax under sections 512, 513, or 514
THE TOTAL STATE OF THE PROPERTY OF THE PROPERT		
b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 4,949,590 f All other contributions, gifts, grants, and similar amounts not included above		
c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e 4,949,590 f All other contributions, gifts, grants, and similar amounts not included above		
d Related organizations 1d e Government grants (contributions) 1e 4,949,590 f All other contributions, gifts, grants, and similar amounts not included above		
e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 4,949,590 26,127,257		
f All other contributions, gifts, grants, and 1f 26,127,257 similar amounts not included above		
→ I		
g Noncash contributions included in		I I
lines 1a-1f \$		
-		
Business Code	404 004	
2a TUITION 611,710 81,657,996 81,466,710 b AUXILIARY SERVICES 611,710 16,517,449 16,033,377 c OTHER MISC INCOME 611,710 627,059 590,819 d e f All other program service revenue	191,286	
B AUXILIARY SERVICES 611,710 16,517,449 16,033,377 C OTHER MISC INCOME 611,710 627,059 590,819	484,072 36,240	
d dill,710 627,039 590,819	30,240	1
3 e		
f All other program service revenue		
— g Total: A du Tilles 2a-21		
Investment income (including dividends, interest and other similar amounts)	-531,380	33,393,011
4 Income from investment of tax-exempt bond proceeds . • 0		
5 Royalties		
(ı) Real (ıı) Personal		
6a Gross Rents		
b Less rental expenses		
c Rental income or (loss)		
d Net rental income or (loss)		
(i) Securities (ii) O ther 7a Gross amount		
from sales of assets other		
than inventory		
b Less cost or other basis and		
sales expenses c Gain or (loss)		
d Net gain or (loss)		
8a Gross income from fundraising		
events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events		
of contributions reported on line 1c)		
See Part IV, line 18		
b Less direct expenses b		
c Net income or (loss) from fundraising events ▶ 0		
9a Gross income from gaming activities See Part IV, line 19		
a		
b Less direct expenses b		
c Net income or (loss) from gaming activities ▶ 0		
10a Gross sales of inventory, less returns and allowances .		
b Less cost of goods sold b		
c Net income or (loss) from sales of inventory ▶ 0		
Miscellaneous Revenue Business Code		500.00
11a MISCELLANEOUS 611,710 569,966		569,966
b		
C All other revenue		
d All other revenue		
569,966		
12 Total revenue. See Instructions	180,218	33,962,977

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations mu			(D)	
	ll other organizations must complete column (A) but are not required to		(B), (C), and ((C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	25,845,233	25,845,233		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	3,115,724	3,115,724		
4	Benefits paid to or for members	0		1	
5	Compensation of current officers, directors, trustees, and key employees	3,921,945	1,232,246	2,349,722	339,977
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	56,555,234	42,263,150	11,895,929	2,396,155
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,077,490	3,546,239	1,303,121	228,130
9	Other employee benefits	9,968,936	6,431,407	3,226,504	311,025
10	Payroll taxes	4,060,873	2,849,999	1,034,283	176,591
11	Fees for services (non-employees)				_
а	Management	23,972	16,301	7,671	
b	Legal	134,135	11,922	122,213	
c	Accounting	175,213		175,213	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	1,743,292	1,620,957	122,335	
g	Other	1,816,859	1,055,878	715,109	45,872
12	Advertising and promotion	69,906	32,966	36,890	50
13	Office expenses	0			
14	Information technology	2,195,259	911,595	1,269,184	14,480
15	Royalties	0			
16	Occupancy	7,099,813	766,451	6,281,947	51,415
17	Travel	5,705,744	4,411,238	841,368	453,138
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	723,356	563,304	156,619	3,433
20	Interest	5,492,171	3,768,117	1,724,054	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,101,505	5,724,915	3,376,590	0
23	Insurance	962,755	118,848	843,907	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	COST OF SALES FOR AUXILIARY SE	4,200,035		4,200,035	
b	DUES AND SUBSCRIPTIONS	1,515,052	1,320,212	186,639	8,201
с	POSTAGE AND PRINTING	2,456,754	1,686,955	610,941	158,858
d	TEACHING AND OFFICE SUPPLIES	4,781,551	3,267,310	+	25,078
e	ALL OTHER EXPENSES	3,290,622	2,234,735		4,249
f	All other expenses		, ,	<u> </u>	
25	Total functional expenses. Add lines 1 through 24f	160,033,429	112,795,702	43,021,075	4,216,652
26	Joint costs. Check here ► ☐ If following SOP 98-2	253,033,123	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,_10,002
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2009) Part X Balance Sheet (A) (B) End of year Beginning of year 40.802 14,271 1 1 Cash—non-interest-bearing 3,294,461 2 4,314,263 2 119,415,097 80.255.017 3 3 4 869.815 4 1.399.614 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 1,988,409 5 2,080,198 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 55,042,438 7 58,967,419 895, 130 8 1,102,697 768.355 9 653.235 9 Land, buildings, and equipment cost or other basis Complete 340.571.283 10a 10a Part VI of Schedule D 10b 133, 264, 457 199,214,176 10c 207,306,826 b Less accumulated depreciation 127, 175, 852 139,596,950 11 11 798,393,873 12 886,560,855 12 Investments—other securities See Part IV, line 11 684,914 3,383,621 13 Investments—program-related See Part IV, line 11 . . 13 14 14 3,680,159 1,666,554 15 15 1,311,348,361 16 1,387,416,640 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 17 7,477,809 17 9,849,051 Accounts payable and accrued expenses 18 18 19 1,755,171 19 2,324,928 122,749,535 Tax-exempt bond liabilities 20 20 119,429,385 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities Complete Part X of Schedule D 74,882,635 25 64,076,746 26 Total liabilities. Add lines 17 through 25 206,865,150 26 195,680,110 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets 215,304,253 245,204,514 27 27 290.151.397 28 Temporarily restricted net assets 258.753.855 28 Fund 630, 425, 103 656.380.619 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 1,104,483,211 33 1,191,736,530 Total liabilities and net assets/fund balances 34 1.311.348.361 34 1.387.416.640

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 consolidated basis, separate basis, or both			
	▼ Separate 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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Inspection

		e organization I AND LEE UNIVERSITY	Employer identif	ication n	umber			
WASI	11110101	TAND LEE ONIVERSITY	54-0505977					
Pa	rt I	Reason for Public Charity Status (All organizations must complete this p	art.) See instruc	tions				
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one bo	x)					
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).						
2	굣	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).							
4	-							
5	Γ	An organization operated for the benefit of a college or university owned or operated by a	governmental uni	t describe	_ d in			
_	_	section 170(b)(1)(A)(iv). (Complete Part II)	\/ A \/\					
6 7	<u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1						
,	ı	An organization that normally receives a substantial part of its support from a governme described in section 170(b)(1)(A)(vi) (Complete Part II)	ntal unit or from th	e generai	public			
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)						
9	Ē	An organization that normally receives (1) more than 331/3% of its support from contril	outions, membersh	ıp fees. aı	nd aros	SS		
	•	receipts from activities related to its exempt functions—subject to certain exceptions, a	*		_			
		its support from gross investment income and unrelated business taxable income (less	section 511 tax) fr	om busine	esses			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Par	t III)					
10	Г	An organization organized and operated exclusively to test for public safety. See section	•					
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the fundone or more publicly supported organizations described in section 509(a)(1) or section the box that describes the type of supporting organization and complete lines 11e throu a Type I b Type II c Type III - Functionally integrated	509(a)(2) See sec gh 11h	•	a)(3).	Check		
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization 509(a)(2)						
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box	e II or Type III su	pporting o	rganız	ation,		
g		Since August 17, 2006, has the organization accepted any gift or contribution from any following persons?						
		(i) a person who directly or indirectly controls, either alone or together with persons des	cribed in (ii)		Yes	No		
		and (III) below, the governing body of the 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)				
h 		Provide the following information about the supported organization(s)						
			1					

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

:	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIIE J,	,, or o or rait.	· · /		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(I) 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						
4	the organization without charge				+		
	Total. Add lines 1 through 3 The portion of total contributions by						
5	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						
6	(f) Public Support. Subtract line 5 from						
U	line 4						
S	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	in)		. ,	. ,	, ,		+ ` ′
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
12	through 10) [Gross receipts from related activities	os ats /Saa inst	rustions \			140	
	·	•	•		661	12	<u> </u>
13	First Five Years If the Form 990 is for check this box and stop here	or the organizati	on's first, second	, thira, fourth, or	TITTN tax year as a	501(c)(3) orga	inization,
	check this box and stop here						. ,
S	ection C. Computation of Pub						
14	Public Support Percentage for 2009	(line 6 column ((f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A, Pa	rt II, lıne 14			15	
16a	33 1/3% support test—2009. If the	-		,	line 14 is 33 1/3%	6 or more, chec	- -
_	and stop here. The organization qua				- 11 4-		▶
Ь	33 1/3% support test—2008. If the box and stop here. The organization				ba, and line 15 is	33 1/3% or moi	re, check this
17a	10%-facts-and-circumstances test-			-	ne 13.16a or 16	b and line 14	F-1
	is 10% or more, and if the organizat						ın
	ın Part IV how the organization mee						orted
	organization						▶ ┌
b	10%-facts-and-circumstances test-	_					
	15 is 10% or more, and if the organ Explain in Part IV how the organizat						cly
	supported organization	.ion meets the T	acis allu CIICUMS	tances test Inc	: organization qua	iiiiles as a publi	e iy ▶[
10	Deirecta Considering If the average to	an did not abasi	a hay an line 12	16- 16- 17	17	hay and sas	- ,

▶□

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

	(Complete only if you	checked the	box on line 9 of	f Part I.)			
	ction A. Public Support						•
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	in)			+			
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						
3	purpose Gross receipts from activities that						
3	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						
	A mounts included on lines 1, 2,						
7 a	and 3 received from disqualified						
	persons						
ь	A mounts 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						
0	from line 6)						
Se	ction B. Total Support	<u>.I.</u>		<u> </u>		ı	I
	ndar year (or fiscal year beginning		(1) 2006	() 2007	/ IN 2000		(C) T
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
L	sources Unrelated business taxable						
Ь	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)		<u> </u>				
13	Total support (Add lines 9, 10c,						
	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
	ction C. Computation of Publ	ic Support F)orcontago				
				1.2 column (f)		T 4- T	
15	Public Support Percentage for 2009	-		13 column (I))		15	
16	Public support percentage from 200	8 Schedule A , F	Part III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III. line 1	.7		18	
	33 1/3% support tests—2009. If the		•		line 15 is mars		dline 17 is not
TZG	more than 33 1/3%, check this box a					a.i 53 1/3%0 and	a iiiie 17 18 1100
	organization	F	organization qu	aannes as a pabi	, Japporteu		
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	19a, and line 1	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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As Filed Data

DLN: 93493102006241

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** WASHINGTON AND LEE UNIVERSITY 54-0505977 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation assembnts included in (c) acquired after 8/17/06

Number of conservation easements included in (c) acquired after 6/17/06		
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization dur the taxable year ►	ng	
Number of states where property subject to conservation easement is located 🛌		
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	_ Yes	┌ No
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌		
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$		
Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	_ Yes	┌ No
	Number of states where property subject to conservation easement is located ————————————————————————————————————	Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Tyes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

2,464,805

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2009

'ar	Organizations Maintaining Co	ollections of Art	<u>, His</u>	toric	<u>al Trea</u>	isures, or (Othe	<u>r Similar</u>	Asse	ets (co	ntınued,
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne follo	wing that	t are a signific	ant u	ıse of its co	llectio	n	
а	▼ Public exhibition		d	굣	Loan or e	exchange prog	grams	3			
b	✓ Scholarly research		e	Γ	Other						
С	✓ Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	w they	further th	he organızatıo	n's e	xempt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							nılar	Г	Yes	√ No
Pa	rt IV Escrow and Custodial Arrang				_		ed "\	es" to For	m 990	0,	
	Part IV, line 9, or reported an ar										
la	Is the organization an agent, trustee, custod included on Form 990, Part X?					ns or other as	sets	not	Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ung tal	ble			T			
									A mo	unt	
c	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						Γ	Yes	Г№
ь	If "Yes," explain the arrangement in Part XI	/									
Pa	rt V Endowment Funds. Complete										
		(a)Current Year	(b	Prior Y(c		(c)Two Years Ba	ck (c	Three Years	Back (e)Four Y	ears Back
.a	Beginning of year balance	624,679,572		-	303,610		_				
Ь	Contributions	51,083,389			838,562		+				
С	Investment earnings or losses	78,983,121			744,092		_				
d	Grants or scholarships	16,279,445		•	292,823		_				
е	Other expenditures for facilities and programs	13,642,350		20,	203,500						
f	Administrative expenses	4,697,365		1,	222,185						
g	End of year balance	720,126,922		624,	679,572						
2	Provide the estimated percentage of the yea	r end balance held a	as				I		· · ·		
а	Board designated or quasi-endowment	26 000 % %									
ь	Permanent endowment ► 45 000 % %										
	r crimations chaowinette p)									
c Ba	Term endowment 29 000 % % Are there endowment funds not in the posse	ssion of the organize	ation 1	that ar	a hald ar	nd administer	ad for	the			
	organization by	John of the organize	201011	ciiac ai	c neia ai	ia daiiiiiisteri	2 u 101	tile		Yes	No
	(i) unrelated organizations							[3a(i)	Yes	
	(ii) related organizations							[3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organization							[3b		
	Describe in Part XIV the intended uses of the										
²a।	rt VI Investments—Land, Building	s, and Equipme	nt. S	ee Fo	rm 990						
	Description of investment				ost or othe (investmen			(c) Accumul depreciati		(d) Boo	ok value
la	Land					2,71	3,376				2,713,37
b	Buildings					271,34	8,795	97,27	8,994	17	4,069,80
c	Leasehold improvements		•			8,19	1,039	3,08	8,956		5,102,08
d	Equipment					39,82	6,785	32,89	6,507		5,930,278
e	Other					18,49	1,288			18	3,491,288

207,306,826

Part VII Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation -year market value
Financial derivatives			,
Closely-held equity interests			
Other LIMITED PARTNERSHIP INTERESTS	598,526,138		F
EUNDS UELD IN TRUST BY OTHERS			_
FUNDS HELD IN TRUST BY OTHERS	288,034,717		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	886,560,855	-	
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin	<u> </u> e 15		
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
STUDENT AND OTHER DEPOSITS	1,044,609		
U S GOVERNMENT GRANTS REFUNDABLE	2,080,987		
SPLIT INTEREST AGREEMENT OBLIGATIONS POSTRETIREMENT BENEFIT OBLIGATION	44,230,861		
ASSET RETIREMENT OBLIGATIONS	3,002,876		
	. ,		
	•		
I			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

_	ule D (Form 990) 2009				Page 4
		Change in Net Assets from Fo	rm 990 to Financial Stateme		162.240.040
1 2	Total revenue (Form 990, Part			2	163,310,948
3	Total expenses (Form 990, Pa Excess or (deficit) for the year			3	3,277,519
4	Net unrealized gains (losses) of			4	83,975,800
5	Donated services and use of fa			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9 10	Total adjustments (net) Add I			10	83,975,800 87,253,319
		per financial statements Combine lir Revenue per Audited Financia			
1		er support per audited financial staten		1	214,967,959
2	A mounts included on line 1 bi	ut not on Form 990, Part VIII, line 12			
a	•	tments	2a 83,975,800		
b c	Donated services and use of the Recoveries of prior year grant		. 2b		
d	Other (Describe in Part XIV)		2d -1,614,540		
e	Add lines 2a through 2d			2e	82,361,260
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	132,606,699
4		90, Part VIII, line 12, but not on line 1	1 1		
a	•	luded on Form 990, Part VIII, line 7b	· · ·		
b c	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b 28,960,957	4c	30,704,249
5		nd 4c. (This should equal Form 990, Pa	art I, line 12)	5	163,310,948
Part	XIII Reconciliation of E	xpenses per Audited Financi	al Statements With Expense	s per	Return
1	Total expenses and losses pe	r audited financial		1	127,714,640
2		ut not on Form 990, Part IX, line 25			
а	Donated services and use of f	acılıtıes	2a		
b	Prior year adjustments		2b	4	
c	Other losses		. 2c	-	
d e	Other (Describe in Part XIV) Add lines 2a through 2d		2d -1,614,540		-1,614,540
3	Subtract line 2e from line 1 .			3	129,329,180
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:			
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b		┥	
Ь	Other (Describe in Part XIV)		4b 28,960,957	┪	20 704 240
c 5	Add lines 4a and 4b	nd 4c. (This should equal Form 990, P	art I line 18)	4c 5	30,704,249
	t XIV Supplemental In		art 1, mie 10 /		100,033,429
		scriptions required for Part II, lines 3			
	V , line 4 , Part X , Part XI , line 8 tional information	, Part XII, lines 2d and 4b, and Part 3	XIII, lines 2d and 4b Also complete	this pa	art to provide any
	Ident if ier	Return Reference	Explanat	ion	
	III, Q4 - PROVIDE A RIPTION OF THE	EXPLAIN HOW THEY FURTHER THI ORGANIZATIONS EXEMPT	THE UNIVERSITY POSSESSES A INCLUDING THE WASHINGTON-		,
PART	V, Q4-DESCRIBE THE		CENTURY AMERICAN PAINTING II COLLECTION OF LANDSCAPE KAMEN COLLECTION OF WESTE FRANCES LEWIS COLLECTION O AND THE JACOB AND BERNICE N OF MODERN ART, THE MR AND N COLLECTION OF 17TH-, 18TH-, PORCELAIN THE SPECIAL COLL LEYBURN LIBRARY INCLUDE RAF AND THE UNIVERSITY'S ARCHIN EMPHASIS IS ON THE HISTORY ROCKBRIDGE COUNTY, GENERA AND THE SHENANDOAH VALLEY FOR ASIAN ARTS, HOUSES CHIN KOREAN CERAMICS, BRONZES, A AN AUTHENTIC JAPANESE TEAF ART COLLECTIONS ARE USED BY ART HISTORY, CULTURAL STUDY LANGUAGES, AND OTHER CLASS EDUCATIONAL EXPERIENCE ENDOWMENT IS A TERM USED C	PAIN RN AR F 20T WEINS ARS E CHINE ECTIC RE BO F TH LS LEE THE IESE, AND J ROOM Y STU ES, H GES T C	TINGS, THE STAN T, THE SYDNEY AND H-CENTURY ART, TEIN COLLECTION UCHLIN D REEVES ESE EXPORT DNS OF THE JAMES G OKS, MANUSCRIPTS, HE COLLECTION E UNIVERSITY AND E AND WASHINGTON, WATSON PAVILION JAPANESE, AND ADES, AS WELL AS, THE MUSEUM AND DENTS IN ART AND ISTORY, D ENHANCE THEIR
	NDED USES OF THE NIZATION'S ENDOWMENT		THE RESOURCES THAT HAVE BE DONOR OR DESIGNATED BY THE THAT WILL BE INVESTED TO PROTO SUPPORT THE UNIVERSITY'S TUITION AND FEES REVENUE DO ENTIRE COST OF EDUCATING A FUNDS SUPPLEMENT THE COST AND EDUCATIONAL PROGRAMS CURRENT CONTRIBUTIONS PROFINANCIAL ASSISTANCE TO STENDOWMENT ALSO PROVIDES FOLLOWING AREAS > LIBRARY ACQUISITIONS > FACULTY AND AND DEVELOP EDUCATIONAL PROSTS FOR AREAS SUCH AS LECCLINIC > PROGRAM COSTS FOR INTERNSHIPS AND THE SHEPHE ATHLETIC PROGRAMS, EQUIPMIEXPENSES > MAINTENANCE AND BUILDINGS AND GROUNDS	E BOA D V I DE S A C T : D E S N S T U D O F FA V I D E U U N D S M A I N S T A F R O G R G A L C I A R E A R D P C E N T , A	RD OF TRUSTEES E FUTURE REVENUE IVITIES BECAUSE OT COVER THE ENT, ENDOWMENT CULTY SALARIES ENDOWMENT AND SCHOLARSHIPS AND TS THE UNIVERSITY FOR THE FENANCE AND FF TO DO RESEARCH AMS > PROGRAM LINICS AND A TAX S SUCH AS OVERTY PROGRAM >
AUDI STAT	X, FIN 48 FOOTNOTE FROM TED FINANCIAL EMENTS		NO FOOTNOTE WAS NEEDED IN AUDITED FINANCIAL STATEMEN ENDED JUNE 30, 2010 RELATED UNIVERSITY DOES NOT BELIEV STATEMENTS INCLUDE OR REFL POSITIONS	TO FIE ITS	OR THE FISCAL YEAR N 48 THE FINANCIAL .NY UNCERTAIN TAX
REVE	XII - RECONCILIATION OF NUE PER AUDITED NCIAL STATEMENTS WITH	REVENUE PER RETURN EXPLANATION FOR OTHER ADJUSTMENTS & PART XIII- RECONCI	THE UNIVERSITY PROVIDED A TFINANCIAL AID TO STUDENTS, NET REVENUES ON THE AUDITE STATEMENTS DONOR FUNDED SA REDUCTION TO "TUITION AND INSTITUTION ALLY FUNDED STUREDUCTION TO "TUITION AND INSTITUTION ALLY FUNDED STUREDUCTION TO "AUXILIARY EN" EDUCTION TO "AUXILIARY EN" EDUCTION TO "AUXILIARY EN" FINANCIAL AID AS REPORTED COFFUNCTIONAL EXPENSES GRATO INDIVIDUALS IN THE US 25 SCHEDULE I GRANTS AND ASSISOUTSIDE OF THE US 3,115,724 E====================================	WHICH D FIN STUDE D FEES DENT FEES O PAI ANTS (,845,) STAN(- SEE	H IS INCLUDED IN ANCIAL ENT FINANCIAL AID, S" 16,279,445 FINANCIAL AID, A 11,146,993 FINANCIAL AID, A RISES" 1,534,519 E======= STUDENT RT IX, STATEMENT AND ASSISTANCE 233 - SEE ALSO CE TO INDIVIDUALS E ALSO SCHEDULE F

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

WASHINGTON AND LEE UNIVERSITY 54-0505977 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes ALL POLICIES, INCLUDING THE UNIVERSITIES' NONDISCRIMINATION/EEO STATEMENT ARE POSTED TO THE UNIVERSITY WEB SITE ALL PROSPECTIVE STUDENTS RECEIVE SOLICITATION MATERIALS THAT STATE THE UNIVERSITIES NONDISCRIMINATION POLICIES, INCLUDING NON-RACIAL DISCRIMINATION ANNUALLY, THE PRESIDENT OF THE UNIVERSITY BROADCASTS THE NONDISCRIMINATION POLICY AND REINFORCES SUPPORT FOR THE UNIVERSITY COMMUNITY TO FOLLOW POLICY 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? Νo 5g h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🍠 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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DLN: 93493102006241

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Inspection

2009

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SCHEDULE F (Form 990)

Internal Revenue Service

Department of the Treasury

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

Statement of Activities Outside the United States

Name of the organization WASHINGTON AND LEE UNIVERSITY Employer identification number

54-0505977

Part I	eneral Information on Activities Outside the United States. Complete if the organization an	nswered
	Yes" to Form 990, Part IV, line 14b.	

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

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the

United States

3 Activites per Region (Us	se Schedule F-1	(Form 990) if add	ditional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking		984,106
Europe (Including Iceland and Greenland)			Grantmakıng		495,743
Middle East and North Africa			Grantmakıng		227,767
North America			Grantmakıng		195,822
Russia and the Newly Independent States			Grantmakıng		130,893
South America			Grantmakıng		491,334
South Asia			Grantmakıng		399,316
Sub-Saharan Africa			Grantmakıng		190,743
Central America and the Caribbean			Investments		
North America			Investments		
Totals ▶					3,115,724

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more thai	tion answered "Yes ['] n \$5,000	' to Form 990, ▶ ┌
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis for which the grante	ted above that are e or counsel has pr	recognized as charr ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					(Form 990) 2009

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. Use Schedule F-1 (Form 990) if additional space is needed.

O3C 3CHCddi	c i I (i oi iii 220) ii adaic	ional space is	necucu.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP	East Asia/Pacific	25			984,106	SCHOLARSHIP	воок
SCHOLARSHIP	Europe/Iceland/Greenland	11			495,743	SCHOLARSHIP	воок
SCHOLARSHIP	Middle East/North Africa	4			227,767	SCHOLARSHIP	воок
SCHOLARSHIP	North America	5			195,822	SCHOLARSHIP	воок
SCHOLARSHIP	Russia	3				SCHOLARSHIP	воок
SCHOLARSHIP	South America	11			491,334	SCHOLARSHIP	воок
SCHOLARSHIP	South Asia	8			399,316	SCHOLARSHIP	воок
SCHOLARSHIP	Sub-Saharan Africa	4			190,743	SCHOLARSHIP	воок

Schedule F (Form 990) 2009

Complete this part to	provide the information required	ın Part I, line 2, and any addıtıonal information.
Identifier	ReturnReference	Explanation
Part I, Line 1		IN FISCAL YEAR 2009-2010 THE UNIVERSITY PROVIDED FINANCIAL AID TO SUPPORT 245 LAW STUDENTS AND 819 UNDERGRADUATES FOR A TOTAL OF 1064 STUDENTS 71 OF THOSE STUDENTS WERE CITIZENS OF OTHER COUNTRIES AS REPORTED IN SCHEDULE F

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OMB No 1545-0047

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

Department of the Treasury

Schedule I

(Form 990)

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

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Internal Revenue Service						Employer identifica	Inspection
WASHINGTON AND LEE UNI	IVERSITY						nion number
Dart T. Conoral Info	rmation on Gra	nto and Assistance				54-0505977	
 Does the organization in the selection criteria us Describe in Part IV the 	naintain records to s ed to award the grar organization's proce	ubstantiate the amount of the stantiate the amount of the stantial of the stan	e of grant funds in the	United States			ドYes 「I
		ny recipient that receive 990) if additional space					
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , ,	(h) Purpose of grant or assistance
2 Enter total number of se	ection 501(c)(3) and	I I government organizations					
3 Enter total number of ot							

Part III	Grants and Other Assistance to Individuals in the Unit	ed States. Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
STUDENT FINANCIAL AID	993		25,845,233	FMV	Tuition, room/board
See Addıtıonal Data Table					

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

Ident if ier	Return Reference	Explanation
PART I, LINE 1		IN FISCAL YEAR 2009-2010 THE UNIVERSITY PROVIDED FINANCIAL AID TO SUPPORT 245 LAW STUDENTS AND 819 UNDERGRADUATES FOR A TOTAL OF 1064 STUDENTS 993 OF THOSE STUDENTS WERE CITIZENS OF THE UNITED STATES AS REPORTED IN SCHEDULE I

DLN: 93493102006241

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

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Name	of	t he	e org	jani	zat	ion	
NASHIN	IGT	ON.	AND	LEE	UNI	/ERSI	ΤY

Employer identification number

54-0505977

Pa	Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropiate box(es) if the organization provi					
	990, Part VII, Section A, line 1a Complete Part III t	_				
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	ļ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	ı	Personal services (e g , maid, chauffeur, chef)			
L	If any of the boxes in line 1a are checked, did the orga	- n. - - t.	ion follows written nelsey regarding novement or			
ь	reimbursement orprovision of all the expenses describ			1 _b	Yes	
2	Did the organization require substantiation prior to rei				163	
_	officers, directors, trustees, and the CEO/Executive D			2	Yes	
3	Indicate which, if any, of the following the organization	uses	to establish the compensation of the			
	organization's CEO/Executive Director Check all tha					
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year did any person listed in Form 000. De	+ \ / T T	I, Section A, line 1a with respect to the filing organization			
-	or a related organization	311 V 11	t, Section A, fine 1a with respect to the fining organization			
а	Receive a severance payment or change-of-control pa	avmen	nt?	4a		No
ь	Participate in, or receive payment from, a supplement			4b	Yes	
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and prov					
	Only 501(c)(3) and 501(c)(4) organizations only must					
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	did the organization pay or accrue any			
	•					
а	The organization?			5a		No
b	Any related organization?			5b		No
_	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne la,	did the organization pay or accrue any			
а	The organization?			6a		No
	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III			05		NO
-		1	d.d.kh.,			
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa	ıd or a	occured pursuant to a contract that was			
	subject to the initial contract exception described in F					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the is section 53 4958-6(c)?	rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
KENNETH P RUSCIO	(I) (II)	374,602 0	0	0	100,523	94,476 0	569,601 0	(
JAMES D FARRAR JR	(ı) (ıı)	128,297 0	0	0	13,574 0	42,433 0	184,304 0		
STEVEN G MCALLISTER	(ı) (ıı)	252,999 0	0	0	24,500	29,866 0	307,365 0		
JUNE R APRILLE	(ı) (ıı)	332,855 0	0	0	24,500	5,036 0	362,391 0		
DENNIS W CROSS	(ı) (ıı)	302,751 0	0	0	24,500 0	12,727 0	339,978 0		
HOWARD DOBIN	(ı) (ıı)	198,715 0	0	0	20,361	9,536 0	228,612 0		
RODNEY A SMOLLA	(ı) (ıı)	383,087 0	0	0	24,500 0	10,072 0	417,659 0		
LYMAN P Q JOHNSON	(ı) (ıı)	239,024	0	0	23,473 0	7,968 0	270,465 0		
TIMOTHY S JOST	(ı) (ıı)	241,989 0	0	0	24,500 0	29,267 0	295,756 0		
DAVID MILLON	(ı) (ıı)	305,722 0	0	0	24,500 0	9,197 0	339,419 0		
LARRY C PEPPERS	(ı) (ıı)	246,619 0	0	0	24,500 0	8,669 0	279,788 0		
SCOTT E SUNDBY	(ı) (ıı)	243,601 0	0	0	24,500 0	58,505 0	326,606 0		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Schedule J Supplemental		Part I, Line 1 AS IS GENERALLY ACCEPTED IN HIGHER EDUCATION, THE UNIVERSITY PRESIDENT IS REQUIRED TO LIVE IN HOUSING PROVIDED ON CAMPUS AND IS PROVIDED A UNIVERSITY VEHICLE TRAVEL EXPENSE OF \$3,022 WAS PAID FOR THE PRESIDENT'S SPOUSE TO TRAVEL TO
Information		OVER TEN UNIVERSITY FUNDRAISING AND BOARD OF TRUSTEE FUNCTIONS IN 2010 THE UNIVERSITY ALSO PAYS SOCIAL CLUB DUES OF LESS THAN \$300 PER MONTH FOR THE PRESIDENT AND FOR THE VICE PRESIDENT OF ADVANCEMENT AND COMMUNICATIONS Part I, Line 4b The University President participates in a supplemental, non-qualified retirement plan sponsored by the University

Schedule J (Form 990) 2009

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

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Schedule K (Form 990)

Open to Public Inspection

Schedule K (Form 990) 2009

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 Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Name of the organization WASHINGTON AND LEE UNIVERSITY

Department of the Treasury

Internal Revenue Service

Employer identification number

54-0505977

Pa	art I Bond Issues															
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of F	Purpose	(g) Defeased		(h) O n Behalf of Issuer			
													Yes	No	Yes	No
A	Virginia College Building Authority	54-1249154	927781NC2	08-10-	2006	20,4	146,543	Various cap	ıtal ımprove	ements	ments			Х		
В	Industrial Development Authority Of Rockbridge	54-1284598		03-31-	2003	3,9	950,000	Reduce outs	tandıng del	bt		х		х		
Pa	rt II Proceeds				•	_					<u>'</u>			•		
					4		В		С	1)		Е			
1	Total proceeds of issue			2	0,377,187	7	3,950,0	00								
2	Gross proceeds in reserve funds															
3	Proceeds in refunding or defeasan	4,847,048		3	3,950,000											
4	Other unspent proceeds															
5	Issuance costs from proceeds				274,49!	5										
6	Working capital expenditures from	proceeds														
7	Capital expenditures from proceed	ds		1	5,325,000											
8	Year of substantial completion			2008		2003										
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No		
9	Were the bonds issued as part of a	a current refunding is	sue?		X		Х									
10	Were the bonds issued as part of a	an advance refunding	ıssue?		Х		Х									
11	Has the final allocation of proceed	Is been made?		Х		Х										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?					Х										
Pai	rt IIII Private Business Use					1						_				
					A	B	_			D			E			
	Was the sussession and			Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No		
1	Was the organization a partner in a which owned property financed by		emper of an LLC,		Х		Х									
2	Are there any lease arrangements which may result in private busine		financed property		х		x									
I	Duling A sk and Daniemin of Dadinskin As		(= 000			C-+ N- F(04005				C-141-					

Cat No 50193E

Part III Private Business Use (Continued)

			Α		В	С		D			E
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		х		х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		Х						
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		х		Х						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		•						•		•
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		Х		Х							
Pai	rt IV Arbitrage										
		A		В		С		D		E	<u> </u>

		Α		В		С		D		ı	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	×		x							
2	Is the bond issue a variable rate issue?	Х		Х							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x	х							
b		SUNTRUST MARKET		SUNTRUST MARKET	CAP						
С	Term of hedge		15		15						
4a	Were gross proceeds invested in a GIC?		Х		Х						
ь	Name of provider										
С	Term of GIC										
d	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		×		х						
6	6 Did the bond issue qualify for an exception to rebate?		х		Х						
i									Calaadl.	- V /F 000	11 2000

DLN: 93493102006241

OMB No 1545-0047

Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number WASHINGTON AND LEE UNIVERSITY 54-0505977 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . 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 (f) (b) Loan to (e) In Approved (q)Written or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? purpose principal amount committee? From Yes No Yes Yes Nο See Additional Data Table 1,876,918 Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (b) Relationship (e) Sharing of between interested (c) A mount of organization's (a) Name of interested person (d) Description of transaction revenues?

person and the

organization

transaction

No

Software ID: Software Version:

EIN: 54-0505977

Name: WASHINGTON AND LEE UNIVERSITY

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and (b) Loan to (c) Original (d) Balance due (e) In (f) Approved (g) Writeria.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) O riginal principal amount \$	(d) Balance due \$	(e) In default?		(f) A pproved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
JAMES D FARRAR JR MORTGAGE FOR HOME		x	240,000	205,359		No		No	Yes	
STEVEN G MCALLISTER MORTGAGE FOR HOME		х	181,000	66,723		No		No	Yes	
KENNETH P RUSCIO MORTGAGE FOR HOME		х	300,000	270,729		No		No	Yes	
JUNE R APRILLE MORTGAGE FOR HOME		х	300,000	284,163		No		No	Yes	
DENNIS W CROSS MORTGAGE FOR HOME		х	57,525	53,813		No		No	Yes	
HOWARD DOBIN MORTGAGE FOR HOME		х	375,000	350,891		No		No	Yes	
TIMOTHY S JOST MORTGAGE FOR HOME		х	76,500	36,865		No		No	Yes	
DAVID MILLON MORTGAGE FOR HOME		х	300,000	278,087		No		No	Yes	
BRIAN C MURCHISON MORTGAGE FOR HOME		х	203,000	173,361		No		No	Yes	
SCOTT E SUNDBY MORTGAGE FOR HOME		х	200,000	156,927		No		No	Yes	
SEE SCHEDULE O		х							_	

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization WASHINGTON AND LEE UNIVERSITY

Employer identification number

54-0505977

Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermın	ııng	
1	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	×	73	982,814	SELLING PRICE			
10	Securities—Closely held stock	-						
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .					_		
16	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	•						
	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 receive for which the organization comp				29		<u></u>	
30a	During the year, did the organiz						Yes	No
	must hold for at least three yea			on, and which is not required	d to be used			
	for exempt purposes for the en	ire holding p	eriod?			30a	\longrightarrow	No
b	If "Yes," describe the arrangen	nent in Part 1	I					
31	Does the organization have a g					31	Yes	
32a	Does the organization hire or u contributions?	se third part	es or related organizations	to solicit, process, or sell r	non-cash	32a		No
ь 33	If "Yes," describe in Part II If the organization did not repo describe in Part II	rt revenues 1	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

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.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 54-0505977

Name: WASHINGTON AND LEE UNIVERSITY

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DLN: 93493102006241 OMB No 1545-0047

SCHEDULE 0

Internal Revenue Service

Supplemental Information to Form 990 (Form 990) Department of the Treasury

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization WASHINGTON AND LEE UNIVERSITY **Employer identification number**

54-0505977

ldentifier	Return Reference	Explanation
FORM 990, PART III	MISSION STATEMENT OF WASHINGTON AND LEE UNIVERSITY	WASHINGTON AND LEE UNIVERSITY PROVIDES A LIBERAL ARTS EDUCATION THAT DEVELOPS STUDENTS' CAPACITY TO THINK FREELY, CRITICALLY, AND HUMANELY AND TO CONDUCT THEMSELVES WITH HONOR, INTEGRITY, AND CIVILITY GRADUATES WILL BE PREPARED FOR LIFELONG LEARNING, PERSONAL ACHIEVEMENT, RESPONSIBLE LEADERSHIP, SERVICE TO OTHERS, AND ENGAGED CITIZENSHIP IN A GLOBAL AND DIVERSE SOCIETY

ldentifier	Return Reference	Explanation
PART VI - GOVERNANCE, MANAGEMENT, AND DISCLOSURE	Part VI, QUESTION 11	THE 990 IS PREPARED BY THE UNIVERSITY BUSINESS OFFICE AND REVIEWED BY MANAGEMENT AN OUTSIDE ACCOUNTING AND TAX FIRM COMPILES THE 990 FORMS AND PROVIDES ADDITIONAL CLARIFICATION THE AUDIT SUBCOMMITTEE OF THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990, AFTER WHICH A COPY IS MADE AVAILABLE TO THE ENTIRE BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation
PART VI - GOVERNANCE, MANAGEMENT, AND DISCLOSURE	PART VI, QUESTION 12	THE CONFLICT OF INTEREST POLICY FOR TRUSTEES IMPOSES A CONTINUING OBLIGATION TO DISCLOSE POTENTIAL CONFLICTS TO THE OFFICE OF GENERAL COUNSEL OF THE UNIVERSITY THE GENERAL COUNSEL WILL ADVISE THE CHAIR OF THE TRUSTEESHIP COMMITTEE AT LEAST ANNUALLY REGARDING ANY CONFLICT OF INTEREST WITHIN THE BOARD OF TRUSTEES THE TRUSTEESHIP COMMITTEE HAS THE AUTHORITY TO OVERSEE AND DECIDE WHETHER A TRUSTEE SHOULD DISCLOSE HIS OR HER INTEREST TO THE BOARD AND RECUSE HIM OR HERSELF IN MATTERS WHERE POTENTIAL CONFLICT MAY EXIST THE GENERAL COUNSEL WILL MAKE A PERMANENT RECORD OF CONFLICTS, WHICH IS AVAILABLE TO ANY TRUSTEE OR OTHER PERSONS AUTHORIZED BY THE CHAIR OF THE AUDIT SUBCOMMITTEE A CONFLICT OF INTEREST POLICY IS IN PLACE FOR "OFFICERS, SENIOR ADMINISTRATORS, AND FINANCE PERSONNEL" IS COMPLETED AND SIGNED ANNUALLY BY THOSE EMPLOYEES THE POLICY DEFINES THE MEANS TO DISCLOSE AND RESOLVE REAL, APPARENT OR POTENTIAL CONFLICTS

ldentifier	Return Reference	Explanation
PART VI - GOVERNANCE, MANAGEMENT, AND DISCLOSURE	PART VI, QUESTION 15	THE POLICY ON GUIDELINES FOR REVIEWING EXECUTIVE COMPENSATION OUTLINES THE PROCESS TO BE FOLLOWED THE BOARD OF TRUSTEES EXECUTIVE COMMITTEE IS CHARGED TO THOROUGHLY REVIEW THE PRESIDENT'S COMPENSATION, AS WELL AS, ASSESS AND APPROVE THE REASONABLENESS OF THE COMPENSATION AFTER REVIEW AND RECOMMENDATION, WHICH INCLUDES EVALUATION OF MARKET AND COMPARISON TO PEER SCHOOLS, THE FULL BOARD OF TRUSTEES APPROVES COMPENSATION FOR THE PRESIDENT THEY ALSO CONDUCT A THOROUGH REVIEW OF THE PRESIDENT'S PERFORMANCE FROM THE PRIOR YEAR AT THIS TIME THE UNIVERSITY GENERAL COUNSEL RECORDS MINUTES OF THE MEETINGS REGARDING THE PRESIDENTS COMPENSATION, AND RETAINS COPIES OF THE PERFORMANCE REVIEWS FOR OTHER EXECUTIVES AND OFFICERS, THE PRESIDENT AND EXECUTIVE DIRECTOR OF HUMAN RESOURCES REVIEW FINANCIAL BUDGETS, EMPLOYEE PERFORMANCE, AND BENCHMARK DATA FOR SIMILAR POSITIONS AT PEER SCHOOLS TO DETERMINE REASONABLENESS OF COMPENSATION

ldentifier	Return Reference	Explanation
PART VI - GOVERNANCE, MANAGEMENT, AND DISCLOSURE	PART VI, QUESTION 19	THE UNIVERSITY MAKES ITS GOVERNANCE DOCUMENTS, SUCH AS THE CHARTER AND BY LAWS, AVAILABLE ON THE UNIVERSITY WEBSITE UNDER THE OFFICE OF GENERAL COUNSEL, POLICIES AND LEGAL NOTICES, BOARD POLICIES AND STATEMENTS THE CONFLICT OF INTEREST STATEMENT FOR THE BOARD OF TRUSTEES AND FOR UNIVERSITY EMPLOYEES CAN ALSO BE FOUND ON THE OFFICE OF GENERAL COUNSEL WEB PAGE FINANCIAL STATEMENTS ARE SUMMARIZED ON THE OFFICE OF THE TREASURER WEB PAGE COPIES OF AUDITED FINANCIAL STATEMENTS CAN BE REQUESTED FROM THE UNIVERSITY TREASURER THE UNIVERSITY WEBSITE IS WWW WLU EDU

Identifier	Return Reference	Explanation
SCHEDULE L, PART II		ALL OF WASHINGTON AND LEE'S FULL-TIME EXEMPT EMPLOYEES ARE ELIGIBLE TO APPLY FOR A UNIVERSITY HOUSING LOAN SUCH LOANS MAY BE USED TO PURCHASE, BUILD, OR IMPROVE A PRINCIPAL RESIDENCE IN THE LEXINGTON/ROCKBRIDGE COUNTY AREA INTEREST RATES ON LOANS ARE 25 PERCENT LESS THAN THE INTEREST RATE CHARGED BY LEXINGTON FINANCIAL INSTITUTIONS FOR RESIDENTIAL MORTGAGE LOANS IMPUTED INTEREST INCOME RELATED TO A UNIVERSITY HOUSING LOAN IS INCLUDED IN EMPLOYEE W-2'S, AS APPLICABLE, EACH YEAR AS OF 6/30/10, THE UNIVERSITY HAD OVER 322 EMPLOYEES WITH HOME LOANS OUTSTANDING THE LOAN PROGRAM IS APPROVED BY THE BOARD OF TRUSTEES AND REVIEWED AS PART OF THE INVESTMENT PORTFOLIO OF THE UNIVERSITY BY THE INVESTMENT COMMITTEE

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493102006241

OMB No 1545-0172

Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Identifying number Name(s) shown on return Business or activity to which this form relates WASHINGTON AND LEE UNIVERSITY GENERAL DEPRECIATION 54-0505977 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 1 \$ 125,000 2 Total cost of section 179 property placed in service (see instructions) 2 \$ 500.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 **10** Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15** Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 16 0 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) **19a** 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs MM S/L property 27 5 yrs MMS/L 39 yrs ΜМ S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L S/L c 40-vear 40 vrs ΜМ Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 0 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2009) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Deprec	iation ar	nd Other Info	orma	tion (C	aution	: See	the ii	nstruct	ions for i	limits	for pa	asseng	er au	tomoi	biles.)
24a Do you have evidenc	e to support t	the business/inves	tment u	ise claime	d? ┌ Yes	Гпо		24	b If "Yes,"	ıs the e	v idence	written?	Гүе	sГи	o
(a) Type of property (list D vehicles first)	(b) Pate placed in service	(c) Business/ investment use percentage	(d Cost or bas	rother	(busines	(e) r deprecia ss/investr se only)		(f) Recovery period	(g) Method/ Conventio		(† Depred dedu			(i) Electe section cost	179
25Special depreciation allow 50% in a qualified busine	•		placed	ın service (during the	tax year	and u	sed more	than 25	,					
26 Property used more	•	•	siness	use					<u>'</u>						
		%													
		%													
37 Dranarty wood 500/	ar lass in s	%		•											
27 Property used 50%	oriess in a	qualified busine	ess us	<u>e</u>					S/L -	\neg					
		%							S/L -	\neg					
		%							S/L -						
28 Add amounts in col	umn (h), lır	nes 25 through 2	27 En	ter here a	and on lı	ne 21,	page	1 .	_ 2	.8					
29 Add amounts in col	umn (ı), lın	e 26 Enter here	and o	n line 7,	page 1	•		•				29			
				—Infor											
Complete this section f If you provided vehicles to y													e vehr	lec	
ir you provided verticles to y	our employee	23, mist answer the	questioi		a)	T	b)	ПСХССРЕ	(c)		d)		<u>e veine</u> ∋)		f)
30 Total business/inve year (do not include			the •	_	icle 1		cle 2	V e	hicle 3		icle 4				
31 Total commuting m	ıles drıven	during the year													
32 Total other persona	al(noncomm	nutıng) mıles drı	ven												
33 Total miles driven of through 32	during the y	ear Add lines 3	0												
34 Was the vehicle ava	aılable for p	ersonal use	-	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs?														
35 Was the vehicle use owner or related pe		by a more than	5%												
36 Is another vehicle a	avaılable fo	r personal use?													
Section	n C—Oue	stions for Er	nplov	vers W	ho Pro	vide \	Vehi	cles fo	r Use b	v Th	eir Eı	mplov	ees		
Answer these questions 5% owners or related p	s to determ	ine if you meet a												not mo	re tha
37 Do you maintain a v	vritten polic	y statement tha	at prob	nibits all	personal •	use of	vehic	les, inc	ludıng coı	mmutıı	ng, by •	your •	Y	'es	No
38 Do you maintain a vemployees? See the															
39 Do you treat all use															
40 Do you provide mor vehicles, and retain	e than five	vehicles to you				ormatio	n fror	n your e	mployees	about	the us	se of the			
41 Do you meet the red			lified a	• • automobi	· · ıle demoı	• nstratio	n use	· e? (See	ınstructıo	ns)		·			
Note: If your answe	r to 37, 38	. 39. 40. or 41 i	ıs "Yes	s." do no	t comple	te Sect	tion B	for the	covered v	ehicle	s				
Part VI Amortiz		, , , , , , , , , , , , , , , , , , , ,		-, 40											
Amortiz		(b)							(6						
(a) Description of co	sts	Date amortization begins		A mort amo	ızable		C	(d) Code ection	A mort perio	-			(f) rtızatı nıs ye	on for ar	
42 A mortization of cos	ts that beg	_	2009	tax year	(see ins	tructio	ns)								
				-			-								
43 A mortization of cos	ts that bea	an before vour 2	2009 t	ax year		<u>_</u>				43					
44 Total. Add amounts	_	•		•	ere to re	nort	-		•	44					

Software ID: Software Version:

EIN: 54-0505977

Name: WASHINGTON AND LEE UNIVERSITY

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
J DONALD CHILDRESS RECTOR	1 0	Х						0	0	0	
ROBERT M BALENTINE JR TRUSTEE	1 0	Х						0	0	0	
ANDREWN BAUR TRUSTEE	1 0	Х						0	0	0	
FREDERICK E COOPER TRUSTEE	1 0	Х						0	0	0	
EDWIN M CRAWFORD TRUSTEE	1 0	Х						0	0	0	
KIMBERLY T DUCHOSSOIS TRUSTEE	1 0	Х						0	0	0	
MARK R EAKE TRUSTEE	1 0	Х						0	0	0	
J HAGOOD ELLISON JR TRUSTEE	1 0	Х						0	0	0	
DWIGHT H EMANUELSON JR TRUSTEE	1 0	Х						0	0	0	
JORGE E ESTRADA TRUSTEE	1 0	Х						0	0	0	
J SCOTT FECHNAY TRUSTEE	1 0	Х						0	0	0	
WILLIAM H FISHBACK JR TRUSTEE	1 0	Х						0	0	0	
C DOUGLAS FUGE TRUSTEE	1 0	Х						0	0	0	
BENJAMIN S GAMBILL JR TRUSTEE	1 0	Х						0	0	0	
J BAKER GENTRY JR TRUSTEE	1 0	Х						0	0	0	
ROBERT J GREY JR TRUSTEE	1 0	Х						0	0	0	
BERNARD C GRIGSBY II TRUSTEE	1 0	Х						0	0	0	
RICHARD ALLEN HAIGHT TRUSTEE	1 0	Х						0	0	0	
RAY V HARTWELL II TRUSTEE	1 0	Х						0	0	0	
PETER C KEEFE TRUSTEE	1 0	Х						0	0	0	
JOHN D KLINEDINST TRUSTEE	1 0	Х						0	0	0	
SALLY P LAWRENCE TRUSTEE	1 0	Х						0	0	0	
JOHN M MCCARDELL JR TRUSTEE	1 0	Х						0	0	0	
THOMAS N MCJUNKIN TRUSTEE	1 0	Х						0	0	0	
JESSINE A MONAGHAN TRUSTEE	1 0	Х						0	0	0	

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion (that a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
MICHAEL H MONIER TRUSTEE	1 0	x						0	0	0		
HARRY J PHILLIPS JR TRUSTEE	1 0	х						0	0	0		
BENNETT L ROSS TRUSTEE	1 0	Х						0	0	0		
ROBERT E SADLER JR TRUSTEE	1 0	х						0	0	0		
MARTIN E STEIN JR TRUSTEE	1 0	Х						0	0	0		
WARREN A STEPHENS TRUSTEE	10	Х						0	0	0		
SARAH NASH SYLVESTER TRUSTEE	10	Х						0	0	0		
CHARLES B TOMM TRUSTEE	10	х						0	0	0		
JOHN W VARDAMAN JR TRUSTEE	1 0	Х						0	0	0		
THOMAS R WALL IV TRUSTEE	1 0	Х						0	0	0		
ALSTON PARKER WATT TRUSTEE	1 0	Х						0	0	0		
WILLIAM M WEBSTER IV TRUSTEE	1 0	Х						0	0	0		
DALLAS HAGEWOOD WILT TRUSTEE	1 0	Х						0	0	0		
JOHN A WOLF TRUSTEE	1 0	Х						0	0	0		
KENNETH P RUSCIO PRESIDENT	40 0	Х		х				374,602	0	194,999		
JAMES D FARRAR JR SECRETARY	40 0			х				128,297	0	56,007		
STEVEN G MCALLISTER TREASURER	40 0			х				252,999	0	54,366		
JUNE R APRILLE PROVOST	40 0				х			332,855	0	29,536		
DENNIS W CROSS VICE PRESIDENT	40 0				х			302,751	0	37,227		
HOWARD DOBIN DEAN	40 0				х			198,715	0	29,897		
RODNEY A SMOLLA DEAN	40 0				х			383,087	0	34,572		
LYMAN P Q JOHNSON LAW PROFESSOR	40 0					х		239,024	0	31,441		
TIMOTHY S JOST LAW PROFESSOR	40 0					х		241,989	0	53,767		
DAVID MILLON LAW PROFESSOR	40 0					х		305,722	0	33,697		
LARRY C PEPPERS DEAN	40 0					х		246,619	0	33,169		

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

(A) Name and Title	(B) A verage hours	Average Position (check all hours that apply)						(D) (E) Reportable Reportable compensation		(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
SCOTT E SUNDBY LAW PROFESSOR	40 0					х		243,601	0	83,005

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
COST OF SALES FOR AUXILIARY SE	4,200,035		4,200,035	
DUES AND SUBSCRIPTIONS	1,515,052	1,320,212	186,639	8,201
POSTAGE AND PRINTING	2,456,754	1,686,955	610,941	158,858
TEACHING AND OFFICE SUPPLIES	4,781,551	3,267,310	1,489,163	25,078
ALL OTHER EXPENSES	3,290,622	2,234,735	1,051,638	4,249