Form 990

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2003 calenda	r year, or	tax year beginning	7/1/2003	, and	ending	6/30/	2004		
		applicable:	Please	C Name of organization				D Employer i	dentification number		
A	ddress change use IRS Williams College						•				
\square_{N}	ame ch	nange	label or print or	Number and street (or P O box if m	nail is not delivered to street addi	ress)	Room/suite	E Telephone	Telephone number		
	Initial return type.							(413) 507 4	204		
=			See Specific		Ctata as as		7D + 4	(413) 597-4			
	nal ret		Instruc-	City or town	State or co	untry 2	(IP + 4	F Accounting			
<u> </u>	mende	d return	tions.	Williamstown	MA	0	1267	Other (specify)		
	oplicati	ion pending		n 501(c)(3) organizations and 4947		le	H and I an	e not applicable to	section 527 organizations.		
				must attach a completed Schedul	e A (Form 990 or 990-EZ).			nis a group return foi			
<u>G W</u>	ebsite	<u> </u>	w.william	ıs.edu			H(b) If "	Yes," enter numbe	er of affiliates N/A		
							H(c) Are	e all affiliates inclu	ded? N/AYesNo		
CO	rganiza	tion type (chec	k only one)	► X 501(c) (3) ◀ (I	nsert no)4947(a)(1) oı	527	(If '	'No," attach a list.	See instructions)		
D	neck he	re 🕨	if the organi	ization's gross receipts are normally	not more than \$25,000. The	•	H(d) is t	his a separate ret	urn filed by an organization		
		on need not file	a return with	h the IRS, but if the organization rec	eived a Form 990 Package i		1	vered by a group r	. — —		
₹	ail, it sh	ould file a return	without fina	ancial data Some states require a	complete return.		· · · · · · · · · · · · · · · · · · ·	oup Exemption Nu			
_		·····							ne organization is not required		
10g	ross re	ceints: Add li	nes 6h 8h	o, 9b, and 10b to line 12	23	35,826,90			m 990, 990-EZ, or 990-PF)		
Fari				s, and Changes in Net Ass				he instruction	ie)		
7	1			grants, and similar amounts		,3 (OCC P	age io or t	The moduction			
	ł '			grants, and similar amounts		1a	50.0	24,415	,		
0	ľ	•		ort		1b	30,0	724,410			
7				utions (grants)		1c	1 0	54,082			
3				hrough 1c) (cash \$	noncash) 1d	51,978,497		
S.	2	Program se	nvice reve	enue including government			VII line 93		74,740,339		
	3			nd assessments					0		
	4			and temporary cash investm				·	0		
	5			est from securities				5	20,189,996		
	i -				1	6a	1.1	58,497			
	1			es		6b					
			Net rental income or (loss) (subtract line 6b from line 6a)						1,158,497		
	7				me from Partnership) 7	-293,671		
Ravenue	8 a	Gross amor	unt from s	sales of assets other	(A) Securities		(B) Othe	эг 🖫 📑			
98		than invent	ory (See	e Attached Statement)	0	8a	·	0			
æ	b	Less. cost or	other ba <u>s</u>	is and sales expenses	0	8b		0			
	С	Gain or (los	ss) (attact	h schepteCEIV.ED.	. 87,040,897	8c		0			
	d			ombine line 8c; columns (A)				. <u>. 8d</u>	87,040,897		
	9	Special even	its and add	iontes (attach schedule) if any ficud MANS 0 9 2005	amount is from gaming	, check he	re 🕨				
	a	Gross reve	nue (not	todra May & O & SOOD	of 1						
		contribution	ns report		<u> </u>	9a		0			
	b	Less: direct	t expens	s other than including ex from special events (oubtra	penses [9b		0	_		
	C	Net income	or (loss)	from special events (subtra	ict line 9b from line 9a			9c	0		
				ntory, less returns and allow		10a					
				sold		10b	40.)	· · · · · · · · · · · · · · · · · · ·			
				om sales of inventory (attach so					0		
	11	Other rever	nue (trom	Part VII, line 103)				11	1,012,350		
	12	lotal revel	nue (add	lines 1d, 2, 3, 4, 5, 6c, 7, 80	ı, əc, тос, and 11) .		· · · · ·	12	235,826,905		
ē.	13			rom line 44, column (B)) .					125,762,680		
Expenses	14			eneral (from line 44, column ne 44, column (D))					21,391,475		
Ď.	15 16			ne 44, column (D)) es (attach schedule)					8,741,046		
Ш	17			is (attach schedule) Id lines 16 and 44, column (155 905 201		
	18			or the year (subtract line 17					155,895,201 79,931,704		
sets	19			palances at beginning of year					1,364,192,149		
Net Assets	20			et assets or fund balances (a					96,512,331		
ž	21			palances at end of year (con					1,540,636,184		
			Ju./u D						1,070,030,104		



raiti	Functional Expenses and section 4947(a)(1) nonexempt chara	(A) Colu table trus	ımns (ʁ), (C), and ([its but optional for ot)) are required for se hers (See page 22	ction 501(c)(3) an of the instructions	d (4) organizations		
	Do not include amounts reported on line		(A) Total	(B) Program	(C) Managemen	t (D) Eupdmining		
	6b, 8b, 9b, 10b, or 16 of Part I.	A S	(2) 1000	services	and genera	(D) Fundraising		
22	Grants and allocations (See Attached Statement)							
22	(cash \$ 0 noncash \$ 0)	22	18,543,227	18,543,227				
23	Specific assistance to individuals (attach schedule)	23	0					
24 25	Benefits paid to or for members (attach schedule)	24	500,000	445 000				
25 26	Compensation of officers, directors, etc	25	538,000					
27	Other salaries and wages	26	59,707,965					
28	Pension plan contributions	27	5,015,729					
29	Payroll taxes	28 29	9,111,499					
30	Professional fundraising fees	30	4,192,068	3,407,390	523,7	92 260,886		
31	Accounting fees	31	148,096	2 000	445.0	00		
32	Legal fees	32	397,315					
33	Supplies	33	6,837,366					
34	Telephone & Utilities	34	4,950,675					
35	Postage and shipping	35	731,101					
36	Occupancy	36	731,101		69,6	94 328,271		
37	Equipment rental and maintenance	37	7,494,378		1,841,9	73 120,879		
38	Printing and publications	38	900,939					
39	Travel	39	3,628,223					
40	Conferences, conventions, and meetings	40	216,509					
41	Interest	41	5,377,703					
42	Depreciation, depletion, etc. (See Attached Statement)	42	12,289,602					
43	Other expenses not covered above (itemize): a Insurance	43a	861,422					
b	Fellowship/Student Prizes and Awards	43b	1,798,689			10,701		
	Life Income Pmts & Change in value of Split Income	43c	3,856,693		3,856,6	93		
	Contract Services / Consultants	43d	1,784,262					
е	Speakers	43e	651,643					
f	Other Expenses (See Attached Statement)	43f	6,862,097					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	155,895,201					
Joint	Costs. Check ▶ if you are following SOP 98-2.							
Are ar	y joint costs from a combined educational campaign and fundraising so	licitation	reported in (B) F	rogram services	? ▶[Yes X No		
If "Yes	s," enter (i) the aggregate amount of these joint costs \$. 0	; (ii) the amount a	allocated to Progr	am services \$			
	e amount allocated to Management and general \$; and (iv) the amo			<u> </u>		
Part l	Statement of Program Service Accomplishments (Se							
\//hat	is the organization's primary exempt purpose? ► Four Year L					Program Service		
						Expenses		
All org	anizations must describe their exempt purpose achievements in a clear	and co	ncise manner Sta	ate the number		Required for 501(c)(3) and (4) orgs , and 4947(a)(1)		
	nts served, publications issued, etc. Discuss achievements that are not zations and 4947(a)(1) nonexempt charitable trusts must also enter the				,	trusts, but optional for		
	ull Time Equivalent Students - 2080	annound	or grants and and	ocations to others	'	others)		
	ull Time Equivalent Students - 2000							
<i>-</i> 2.	dii Time Equivalent i acuity - 245							
	•	(Gr	ants and allocat	ione ¢ 1	3,543,277)	100 205 627		
b A	uxiliary Enterprises includes housing, room, board, conferences		ants and anocat	ions a re	5,545,277)	109,295,637		
~ <u>.</u> .	resident de la contraction de	1, 919						
(Grants and allocations \$								
С								
(Grants and allocations \$								
d_								
		(Gr	ants and allocat	ions \$				
	other program services (attach schedule)	(Gr	ants and allocat	ions \$				
f T	otal of Program Service Expenses (should equal line 44, colu	ımn (B)	, Program servi	ces)		125,762,680		

Williams College

	Note:	Where required, attached schedules and amount			(A)		(B)
		column should be for end-of-year amounts only.			Beginning of year		End of year
1	45	Cash—non-interest-bearing			2,181,460		4,039,849
	46	Savings and temporary cash investments			107,748,323	46	186,088,308
			l !			23	
		Accounts receivable	47a	1,019,883			
	b	Less: allowance for doubtful accounts	47b	72,643	781,922	47c	947,240
						W. H	
		Pledges receivable	48a	84,347,331			
	b	Less: allowance for doubtful accounts	48b	17,732,288	56,871,526		66,615,043
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and					
		(attach schedule)	0	50	0		
yı İ	51 a	Other notes and loans receivable (See Attached					
Assets			51a			,	
As	b	Less: allowance for doubtful accounts	51b	157,076	8,099,329	51c	9,037,007
	52	Inventories for sale or use			379,232		331,705
	53	Prepaid expenses and deferred charges			3,044,713	53	3,032,850
	54	Investments—securities (See Attached Statemen			395,095,794	54	510,691,291
	55 a	Investments—land, buildings, and					
		equipment: basis	55a	ol		* 1	
	b	Less: accumulated depreciation (attach					
		schedule)	55b	0	0	55c	0
	56	Investments—other (See Attached Statement) .			701,099,919		692,486,800
		Land, buildings, and equipment: basis	57a	421,676,493			
		Less: accumulated depreciation (See Attached				12.	
		Statement)	57b	154,613,558	235,213,300	57c	267,062,935
	58	Other assets (describe			81,911,619		34,716,898
		· <u></u>					
	59	Total assets (add lines 45 through 58) (must equ	ual line	74)	1,592,427,137	59	1,775,049,926
	60	Accounts payable and accrued expenses			20,500,505		20,851,580
	61	Grants payable				61	
	62	Deferred revenue		F	4,533,153	62	4,256,703
<u>8</u>	63	Loans from officers, directors, trustees, and key				5.0	
Liabilities		schedule)			0		o
Ľā	64 a	Tax-exempt bond liabilities (See Attached States			171,795,000		170,595,000
	t	Mortgages and other notes payable (attach sche	-			64b	0
	65	Other liabilities (describe See attached work			31,406,330		38,710,459
	66	Total liabilities (add lines 60 through 65)		<u></u>	228,234,988	66	234,413,742
		anizations that follow SFAS 117, check here	▶ X	and complete lines			
	~.9°	67 through 69 and lines 73 and 74.	٠ ٢	1			
G	67	Unrestricted			299,042,309	67	341,708,545
Ş	68	Temporarily restricted			760,125,155		859,751,972
ğ	69	Permanently restricted			305,024,685		339,175,667
Ö		anizations that do not follow SFAS 117, check i	nere	▶□and	230,021,000		230, 77 0,007
. <u>Ş</u>	J. 96	complete lines 70 through 74.					
<u>5</u>	70	Capital stock, trust principal, or current funds .				70	
Š	71	Paid-in or capital surplus, or land, building, and				71	
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulated inc			 	72	
¥	73	Total net assets or fund balances (add lines 6					
ž	'	lines 70 through 72;	,,,,,,,,,,	g			
		column (A) must equal line 19; column (B) must	egual	line 21)	1,364,192,149	73	1,540,636,184
	74	Total liabilities and net assets / fund balances (add	-	-	1,592,427,137		1,775,049,926
	1			.,00=,101	<u> </u>	1,110,040,020	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2003)	Williams College	04-2104847	Page 4

Form 99		vviiliams Collec	_		<u> </u>	Page 4			
Part IV			Part I\		liation of Expenses per				
	Financial Statements with Revenu	•		Financia	I Statements with Expe	atements with Expenses per			
	Return (See page 27 of the instruction	ons.)		Return		Mathia Chairean and Anna			
	Total revenue, gains, and other support		а	•	and losses per				
	- 1000	a 313,796,009		audited financia	· · · · · · · · · · · · · · · · · · ·	a 137,351,974			
	Amounts included on line a but not		b		ed on line a but not				
	on line 12, Form 990:	13 BUY	(4)	on line 17, Form					
	Net unrealized gains on investments \$94,216,946 _		(1)	Donated service and use of facilities					
	Donated services and		(2)	Prior year adjus					
	use of facilities \$	Manager and a superior and a superio	(2)	reported on line					
	Recoveries of prior			Form 990					
	year grants \$		(3)	Losses reported					
	Other (specify):	5635	(-,	line 20, Form 9					
	See Attached \$		(4)	Other (specify):					
	\$ -16,247,842		, ,		\$				
•	Add amounts on lines (1) through (4) .	b 77,969,104			\$				
				Add amounts on	lines (1) through (4) . >	b 0			
C	Line a minus line b ▶	c 235,826,905	C	Line a minus lin	ne b 🕨	c 137,351,974			
d	Amounts included on line 12,	eren per	d	Amounts includ	ed on line 17,				
	Form 990 but not on line a:			Form 990 but n					
	Investment expenses		(1)	Investment exp					
	not included on line			not included on					
	6b, Form 990 \$			6b, Form 990					
(2)	Other (specify):		(2)	Other (specify):		and Long White			
	\$	4.00		Financial Aid	\$ 18,543,227				
•	Add amounts on lines (4) and (2)	4 6		Add amounts a	5 S S S S S S S S S	40.542.227			
	Add amounts on lines (1) and (2) Total revenue per line 12, Form 990	d 0			n lines (1) and (2) . per line 17, Form 990	d 18,543,227			
		e 235,826,905	е		d) ▶	e 155,895,201			
Part V	List of Officers, Directors, Trustee								
alt	of the instructions.)	o, and 110, ampro	, 000 (2		on a not compensation, of	so page Li			
		(B) Title and average hours	per	(C) Compensation	(D) Contributions to	(E) Expense			
	(A) Name and address	week devoted to position		(If not paid, enter0)	employee benefit plans & deferred compensation	account and other allowances			
Name	Morton Owen Schapiro	Title President *							
City	Williamstown ST MA ZIP 01267	Hr/WK 40	L_	345,000	93,257	0			
Name	Helen Ouellette str	Title VP of Adminis	tration a		•				
	Williamstown ST MA ZIP 01267	Hr/WK	40	193,000	22,606	0			
Name	Board of Trustees See attached List	Title n/a	l						
Cıty	ST ZIP	Hr/WK		0	0	0			
Name	Str	Title							
City	ST ZIP	Hr/WK			· · · · · · · · · · · · · · · · · · ·				
Name	Str	Trtle							
City	ST ZIP Str	Hr/WK Title		 					
Name City	ST ZIP	Hr/WK		!					
	* Housing is provided for the convenience of the	Title				-			
	college. The President is required to live on	Hr/WK							
	campus as part of his/her duties.	Title		-					
City		Hr/WK							
Name	Str	Title							
City	ST ZIP	Hr/WK							
Name	Str	Title							
City	ST ZIP	Hr/WK	!						
75 Did	I any officer, director, trustee, or key employee re	eceive aggregate com	pensati	on of more than \$	100,000 from vour				
	panization and all related organizations, of which				· —	Yes X No			
_	Yes," attach schedule—see page 28 of the instru		-	-		- 			

orm 9	990 (2003) Williams College	04-210	04847		Page 5
art \	Other Information (See page 28 of t	he instructions.)		Yes	No
76	Did the organization engage in any activity not previously	reported to the IRS? If "Yes," attach a detailed de	scription of each activity . 76		X
77	Were any changes made in the organizing				X
	If "Yes," attach a conformed copy of the cha	anges.			
	Did the organization have unrelated business gro			a X	
b	If "Yes," has it filed a tax return on Form 99) X	
79	Was there a liquidation, dissolution, termination,	If "Yes," attach a statement 79	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	X	
80 a	Is the organization related (other than by associa				
	membership, governing bodies, trustees, officers	· · · · · · · · · · · · · · · · · · ·	rganization?	a X	17.20
b	If "Yes," enter the name of the organization	► See Attached			
		and check whether it isexe	empt or nonexempt.		
81 a	Enter direct and indirect political expenditur	es. See line 81 instructions	81a		
	Did the organization file Form 1120-POL for			<u> </u>	X
82 a	Did the organization receive donated service				
	or at substantially less than fair rental value			3	X
þ	If "Yes," you may indicate the value of thes				
	as revenue in Part I or as an expense in Pa				1 Ev 3 1
	Did the organization comply with the public				├──
	Did the organization comply with the disclos				11/0
84 a	Did the organization solicit any contribution	s or giπs that were not tax deductible?			N/A
D	If "Yes," did the organization include with e		***		NI/A
05	or gifts were not tax deductible? 501(c)(4), (5), or (6) organizations. a Were		941 y members?		N/A N/A
85 h	Did the organization make only in-house lo			-	N/A
D	If "Yes" was answered to either 85a or 85b.			íden e	
	organization received a waiver for proxy tax	-	anicos inc		
c	Dues, assessments, and similar amounts fi		85c N/A		
	Section 162(e) lobbying and political expen		85d N/A		
e	Aggregate nondeductible amount of section		85e N/A		, L.
f	Taxable amount of lobbying and political ex		85f N/A		
g	Does the organization elect to pay the sect		85f? 85	g	N/A
h	If section 6033(e)(1)(A) dues notices were	sent, does the organization agree to a	dd the amount on line 85f to		
	its reasonable estimate of dues allocable to	o nondeductible lobbying and political e	expenditures for the	ł	<u> </u>
	following tax year?			n	N/A
86	501(c)(7) orgs. Enter. a Initiation fees and capital		86a N/A		
b	Gross receipts, included on line 12, for pub		86b N/A		
87	501(c)(12) orgs. Enter: a Gross income fro		87a N/A		. P
b	Gross income from other sources. (Do not		071		J.
	sources against amounts due or received f	rom them.)	87b N/A		
88	At any time during the year, did the organize partnership, or an entity disregarded as se				
	301.7701-2 and 301.7701-3? If "Yes," com	-	- i	.	x
2Q =	501(c)(3) organizations. Enter: Amount of				
05 6	, , , , ,	on 4912 ► 0 ; section			
Ł	501(c)(3) and 501(c)(4) orgs. Did the orga				
_	during the year or did it become aware of a			- 1	
	a statement explaining each transaction .			b	l x
c	Enter: Amount of tax imposed on the organ	nization managers or disqualified perso	ons during the year under		
	sections 4912, 4955, and 4958				0
c	Enter: Amount of tax on line 89c, above, re	eimbursed by the organization	>		0
	List the states with which a copy of this ret				
	Number of employees employed in the pay				2,097
	The books are in care of Name Susa				
91		III INUGAII	Telephone no ► 413-597-420	T	
	Located at ► P.O. Box 67	City vviiiiamstown ST	I MA Zip+4 ► U1267		
92	Section 4947(a)(1) nonexempt charitable t	rusts tiling Form 990 in lieu of Form 1 0	U41—Check here		. ▶[
	and enter the amount of tax-exempt interes	st received or accrued during the tay vi	ear ► 92 N/Δ		

Part VII	Analysis of Income-Producing Activ	/ities (See page	33 of the ins	structions.)		
Note: Er	nter gross amounts unless otherwise	Unrelated busin	ess income	Excluded by se	ction 512, 513, or 514.	(E)
indicated	f.	(A)	(B)	(C)	(D)	Related or exempt
93 P	rogram service revenue:	Business code	Amount	Exclusion cod	e Amount	function income
a <u>T</u>	uition, Fees, Room & Board					71,349,000
ь <u>А</u>	uxiliary Revenue			03	2,505,248	
c <u>M</u>	1iscellaneous					886,091
d						
e _						
f M	ledicare/Medicaid payments					
•	ees and contracts from government agencies .					
	lembership dues and assessments		-			
	terest on savings and temporary cash investments					
	ividends and interest from securities	server gas This in	2540 m 1 1 1 1 1 1	14	20,189,996	nga digitati da kanana kan
	et rental income or (loss) from real estate:	Ar Brandan			North Anna Anna Anna	
	ebt-financed property					
	ot debt-financed property			16	1,158,497	
	et rental income or (loss) from personal property	505000	000	074		
	ther investment income	525990	-293,		07.040.007	
	ain or (loss) from sales of assets other than inventory .			18	87,040,897	
	et income or (loss) from special events					
	ross profit or (loss) from sales of inventory	611600	167,	000		
	conference Unrelated	721210	844,			
		721210	044,	302		
c d						
e						
	ubtotal (add columns (B), (D), and (E))		718.	679	110,894,638	72,235,091
	otal (add line 104, columns (B), (D), and (E))					183,848,408
	ne 105 plus line 1d, Part I, should equal the					,
Part VIII				rposes (See page	34 of the instruction	ns.)
Line No.						
▼	of the organization's exempt purposes (oth				tanta) to the accompli	on mone
93A	Tuition, Fees, Room & Board for Students					
93C	Other Program Service Revenue					
Part IX	Information Regarding Taxable Sub	sidiaries and Dis	sregarded I	Entities (See page	34 of the instruction	ns.)
	(A)	(B)		(C)	(D)	(E)
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest		ature of activities	Total income	End-of-year assets
N/A	partnership, or disregarded entity	na	na		na	na
14// (%		0	
			%		0	
			%		ō	0
Part X	Information Regarding Transfers As	sociated with Po	ersonal Be	nefit Contracts (Se	e page 34 of the in	
• •	the organization, during the year, receive any fun	•		•		Yes X No
	the organization, during the year, pay prem	-	-	n a personal benefit	contract?	Yes _X_No
Note: If	" Yes" to (b) , file Form 8870 and Form 47					
	Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete Declaration					
Please	and belief, it is true, correct, and complete Declaration	on or preparer (other th	an onicer) is ba	ised on all information of	, ,	nowleage
Sign	Alleellelle				5/5/2005	·
Here	Signature of officer			Da	e	
		nd T	reasurer			
				I/Obcode if		
		Dat	E. 7.15	Check if	Preparer's SSN or	PTIN (See Gen Inst. W)
			ラ ・ハリン	lamplaced	1 1	

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

20**03**

Department of the Treasury Internal Revenue Service Name of the organization

\$50,000

Employer identification number

04-2104847 Williams College Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions, List each one, If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances

Name Stephen R Birrell City Williamstown ST MA Title VP Alumni Relations & Development 40 183,900 31,058 Zip 01267 Avg hr/wk Country Name Catherine B Hill Str Title Provost City Williamstown ST MA 177,200 43,322 Zip 01267 40 Country Avg hr/wk Name George R Goethals II Str City Williamstown ST MA Title Professor Zip 01267 Country Ava hr/wk 40 175,389 24,384 Name Nancy A Roseman City Williamstown Title Dean of the College ST MA Zıp 01267 170,000 26.064 Ava hr/wk Country Name Kim Bruce Str City Williamstown Title Professor ST MA 40 167.467 50.279 Zip 01267 Avg hr/wk Country Total number of other employees paid over

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 Name John W Bristol & Company Inc Check here if a business X Str 48 Wall Street, 18th Floor City New York ZIP 10005 Investment Manager 1,271,378 ST NY Check here if a business X Name Polshek Partnership LLP Str 320 West 13th Street City New York ZIP 10014-1278 Architectural Services 924,850 ST NY Country Check here if a business X Name Bohlin Cywinski & Jackson Str 8 West Market Street City Wilkes-Barre ZIP 18701 Architectural Services 804,269 Name William Rawn Associates Architects Inc Check here if a business X Str 101 Tremont Street City Boston Architectural Services ZIP 02108 Country 801,345 Check here if a business X Name Hintz, Holman & Hecksher, Inc. Str 17 State Street City New York 505,200 ZIP 10004 Investment Manager ST NY Country Total number of others receiving over \$50,000 for professional services

Sched	ule A	(Form 990 or 990-EZ) 2003 Williams College 04-210484	7		F	· Page 2
Part	Ш	Statements About Activities (See page 2 of the instructions.)		Y	es	No
1	atter or in	ing the year, has the organization attempted to influence national, state, or local legislation, including any mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paracurred in connection with the lobbying activities See Attached (Must equal amounts on line 3 tVI-A, or line i of Part VI-B.)	aid		x	
	orga	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Othe anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description clobbying activities.				
2	subs with own	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with ar stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining sactions.)	r			
a b c d	Len-	e, exchange, or leasing of property? ding of money or other extension of credit? nishing of goods, services, or facilities? ment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990, Page 1.	2	b C	X X	X
е 3 а	Doy	nsfer of any part of its income or assets?				X
ь 4	Do y Did	determine that recipients qualify to receive payments.) (See Attached Statement)	<u>3</u>	b	X	X
Part	IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)				
The c	rgan	ization is not a private foundation because it is: (Please check only ONE applicable box.)				
5 6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)				
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).				
8	\sqcup	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).				
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter name, city, and state	try	. .		
10		An organization operated for the benefit of a college or university owned or operated by a governmental 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)		1		
11 a		An organization that normally receives a substantial part of its support from a governmental unit or from public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	the general			
11 b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)				
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membe receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no of its support from gross investment income and unrelated business taxable income (less section 511 ta acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the Support Sc	more than x) from busi	33 1. ness	/3% es	
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet 509(a)(2). (See section 509(a)(3).)	the test of s	ectic	n	_
		Provide the following information about the supported organizations. (See page 5 of the inst	tructions.)) Line num	ner.		-
		(a) Name(s) of supported organization(s)	from abov		_	-
				. 		-
						_

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

<u>,</u>

	V-A Support Schedule (Complete only if you check					ing.
	You may use the worksheet in the instructions for conventar year (or fiscal year beginning in)					T
15	Gifts, grants, and contributions received. (Do	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	not include unusual grants. See line 28.)		İ			١ ,
16	Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of	1				
	facilities in any activity that is related to the	1				
	organization's charitable, etc., purpose					1 0
18	Gross income from interest, dividends,			, , ,		
	amounts received from payments on securities	1				
	loans (section 512(a)(5)), rents, royalties, and	1				
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired			Ì		
40	by the organization after June 30, 1975		<u> </u>		ļ	<u>c</u>
19	Net income from unrelated business					
20	activities not included in line 18	-				
20	benefit and either paid to it or expended on	· I				
	its behalf	Ì				, ا
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the	1				
	public without charge					c
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					C
23	Total of lines 15 through 22		0			
24	Line 23 minus line 17		0 0			
25		00/ -5	-1	<u> </u>		
26	Organizations described on lines 10 or 11: a Enter		• •			
b	Prepare a list for your records to show the name of and a					
	governmental unit or publicly supported organization) who					
_	amount shown in line 26a. Do not file this list with your Total support for section 509(a)(1) test: Enter line 24, colo				ints ► 26b . ► 26c	ļ ————
c d	Add: Amounts from column (e) for lines: 18			 . n	. 260	1
u	22		3b	-0	. > 26d	•
е	Public support (line 26c minus line 26d total)				. ► 26e	
f	Public support percentage (line 26e (numerator) divid		(denominator))		}	
27	Organizations described on line 12: a For amounts					
	person," prepare a list for your records to show the name					
	person." Do not file this list with your return. Enter the				•	
	(2002) (2001)	(2	000)	((1999)	
b	For any amount included in line 17 that was received from					t for your
-	records to show the name of, and amount received for ea					
	year or (2) \$5,000. (Include in the list organizations described)					
	your return. After computing the difference between the	amount receive				
	sum of these differences (the excess amounts) for each y	year:				
	(2002) (2001)	(2	000)		(1999)	
	Add Assessed from column (a) for the co.	0 40				
С	Add: Amounts from column (e) for lines: 15	0 16	0	<u> </u>	► lo=.	
d	170 20 Add: Line 27a total . 0 and lin	U 21	0 0	<u>.</u>	. > 27c	
u e	Public support (line 27c total minus line 27d total)	ne Ziu (Uldi .		<u>.</u>	► 27d ► 27e	
f	Total support for section 509(a)(2) test: Enter amount from	m line 23. colum	ın (e) ▶		0	N. S. W. M. W.
g	Public support percentage (line 27e (numerator) divid					0.00%
<u>h</u>	Investment income percentage (line 18, column (e) (n				. ► 27h	1 0.00%
28	Unusual Grants: For an organization described in line 1					ıgh
	2002, prepare a list for your records to show, for each ye	ar, the name of	the contributor, t	he date and am	ount of the gra	nt, and a
	brief description of the nature of the grant. Do not file thi					

1.4

...

Part	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	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?	29	Yes X	No
30	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?	30	X	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Williams College Course Catalog / Bulletin	31	X	
32	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	×	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	x	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		Х
b	Admissions policies?	33b		х
С	Employment of faculty or administrative staff?	33c		Х
d	Scholarships or other financial assistance?	33d		Х
е	Educational policies?	33e		Х
f	Use of facilities?	33f		Х
g	Athletic programs?	33g		Х
h	Other extracurricular activities?	33h		Х
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
0.4	Describe agraphical process on the process of a consistence from a payor montal arrange of Cas Attached	24	V	
	Does the organization receive any financial aid or assistance from a governmental agency? (See Attached Statement)	34a	Х	-
b	Has the organization's right to such aid ever been revoked or suspended?	34b		X
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through		:	
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	Х	

13

Part	VI-A	•	Lobbying Expenditures by Electing Pub (To be completed ONLY by an eligible organization)					ructio	ns.)		
Check	▶ a		if the organization belongs to an affiliated group	Check ► 1	ь [] If you che	cked "a"	and "lir	mited cor	ntrol" p	rovisions apply
			Limits on Lobbying Exp						(a) Affiliated total	group	(b) To be completed for ALL electing
26	Total	Lloh	(The term "expenditures" means amount bying expenditures to influence public opinion (36			organizations
36 37			bying expenditures to influence a legislative boo	-			r	37			
38			bying expenditures to influence a registative both bying expenditures (add lines 36 and 37)					38		0	0
39			empt purpose expenditures					39			
40			empt purpose expenditures (add lines 38 and 39					40		0	0
41			nontaxable amount. Enter the amount from the	•			• •				
				ing nontaxable		ount is	_				
			\$500,000 20% of the a	_			.]				
			0,000 but not over \$1,000,000 \$100,000 plu								
			00,000 but not over \$1,500,000 \$175,000 plu					41		0	0
	Over	\$1,5	00,000 but not over \$17,000,000 \$225,000 plu	us 5% of the exces	s ov	er \$1,500,000					
	Over	\$17,	000,000 \$1,000,000				J				
42			ots nontaxable amount (enter 25% of line 41) .					42		0	0
43	Subt	ract	line 42 from line 36. Enter -0- if line 42 is more	than line 36 .				43		0	0
44	Subt	ract	line 41 from line 38. Enter -0- if line 41 is more	than line 38 .				44	1877 - 1878 - 182	0	0
	Caut	tion	: If there is an amount on either line 43 or line 4	4. vou must file l	Form	1 4720.					
			4-Year Averaging					as matari	art o Albania Mar	Am K.	19 March and a company of the control of the contro
			(Some organizations that made a section 501(h) See the instructions for lines 4	election do not ha	ve to	complete all		e colun	nns belov	w.	
				Lobbyir	ng E	xpenditure	s Durin	g 4-Ye	ar Aver	aging	Period
			r year (or ear beginning in) ►	(a) 2003		(b) 2002	(c) 200		(d)		(e) Total
45				2000		2002					
45	LODE	oyırış	nontaxable amount		7			ent constitut	5 12 5		0
46	Lobb	oying	g ceiling amount (150% of line 45(e))		* 7.7 V * * * * *						0
47	Tota	l lob	bying expenditures			-					0
48	Gras	ssro	ots nontaxable amount								0
40			4500/ -515 40/->>	Andrew Control							
49	Gras	ssro	ots ceiling amount (150% of line 48(e))	Er Manne L	8	3 : 5 / 58 . Silve &	A Maria	i Mai	kan efety . Se		0
50	Gras	ssro	ots lobbying expenditures								0
Part	VI-B		Lobbying Activity by Nonelecting Publi	c Charities							
			(For reporting only by organizations that did no		VI-A) (See page	12 of th	ne insti	ructions	.)	
Durin	n the	vea	r, did the organization attempt to influence natio	nal state or loca	al leo	islation inc	ludina a	nv			
			ence public opinion on a legislative matter or re				uumig u	,	Yes	No	Amount
а	•		ers		-					Х	de la company of
b			ff or management (Include compensation in exp							Х	
C			dvertisements	•							None
d	Mail	ings	to members, legislators, or the public								None
e			ions, or published or broadcast statements								None
f			o other organizations for lobbying purposes .								None
g			ontact with legislators, their staffs, government o	-		•				X	None
h			demonstrations, seminars, conventions, speech						X	201 - 201	See Attached
i			bbying expenditures (Add lines c through h.)						ilini e		See Attached
	It "Y	es"	to any of the above, also attach a statement giv	ing a detailed de	escri	ption of the	lobbying				
								Sc	nedule A	(Form !	990 or 990-EZ) 2003

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Par	VII	•	•	ters To and Transaction age 12 of the instructions	s and Relationships With Noncharita .)	able		
51		ne reporting organiz	ation directly or	indirectly engage in any of	the following with any other organization de section 527, relating to political organizatio		sectio	n
а	•			n to a noncharitable exempt	- · · · · · · · · · · · · · · · · · · ·		Yes	No
-		•	0 0	•		51a(i)		Х
	(ii)					a(ii)		Х
b	• •	r transactions:						
	(i)		e of assets with	a noncharitable exempt or	anization	b(i)		X
	(ii)	-		•	1	b(ii)		X
	(iii)			· -		b(iii)		X
	(iv)		• •			b(iv)		X
	(v)		-			b(v)		×
	(v) (vi)	-			tions	b(vi)		×
_				•	mployees	C		×
ب C		-	-	•	hedule. Column (b) should always show the		ot volu	
d		•			zation. If the organization received less that			
					alue of the goods, other assets, or services			
	(a)	(b)		(c)	(d)			
Lin	e no	Amount involved	Name of nonc	chantable exempt organization	Description of transfers, transactions, and sha	aring arrange	ments	
<u>/a</u>		n/a	n/a		n/a	 		
	·	<u> </u>						
								
								
								
						 		
	desc	ribed in section 501	(c) of the Code	(other than section 501(c)(3	one or more tax-exempt organizations on or in section 527?	Yes	Х	No
b	If "Ye	es," complete the fo (a)	llowing schedule	e: (b)	(c)			
		Name of organization	n	Type of organization	Description of relationship)		
n/a				n/a	n/a			
				<u> </u>				_
			· · · · · · · · · · · · · · · · · · ·					
				i	Į.			

4.

Line 20 (990) - Other changes in net assets or fund balances

_	ile zo (000) - Otiloi oliangoo ili not accous oi rana zalancee		
1	Change in unrealized appreciation for year ended June 30, 2004	1	94,216,946
2	Change in present Value of Life income payments	2	2,295,385
3		3	
4	•••••	4	
5	•	5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	96,512,331

Line 51 (990) - Other notes

Check here if a business	Borrower's name and Title	Original amount	Net balance due beginning of year	Balance due end of year	Allowance for doubtful accounts end of year
1	Other Receivables			0.404.000	
2			8,099,329	9,194,083	157,076
3 🔲					
4				***************************************	
5					
6					
7					
8 🔲		· · · · · · · · · · · · · · · · · · ·			
9		-			
10					
11					
12					
13					
14 Totals		14 0	8,099,329	9,194,083	157,076
1	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
3					
5					
6 7					
9					
10					
12 13					
1	Purpose of loan		Description & fair mark value of consideration	et 1	Relationship
2				· · · · · · · · · · · · · · · · · · ·	
4					
6					
8					
10					
11					

Line 54 (990) - Investments - Securities

Che	eck one box below to indicate how securities are i	report:			
	X End of year market value (FMV)	Number of shares/	Value at time of	Beginning balance	Ending balance
	Securities at end of year Stocks	face value	donation	book value FMV 395,095,794	book value FMV 510,691,291
2 3 4 5					0 0 0 0
6 7 8					<u>0</u> 0
9 10 11					0 0 0
12 13 14 15					0 0
16 17 18					0 0 0 0
19 20 21	Totals	0		395,095,794	0 0 510,691,291

Line 56 (990) - Other Investments

Check one box to indicate how investments are listed:				
Cost		Book value	Beginning	End
X End of year market value (FMV)		FMV	FMV	FMV
1 Bonds	1		213,704,921	153,325,830
2 Real Estate Mortgages & Other	2		42,022,472	41,286,736
3 Privately Held Partnerships	3		332,446,886	385,017,692
4 Mutual Funds	4		72,434,689	91,783,292
5 Net Trades Pending, Accounts Receivable / Payable	5		40,490,951	21,073,250
6	6			0
7	7			0
8	8			0
9	9			0
10	10			0
11 Total other investments	. 11	0	701.099.919	692,486,800

_	Land (net of any amortization)	-			I	Land (net of any	amortization)
						Beginning	End
	Land			1	! [30,554,141	30,781,300
					<u> [</u>		
				3	зГ		
					١ŀ		
					;		<u> </u>
;	Total land (net of any amortization)			6	;	30,554,141	30,781,300
	, otal land (not or any americans)				<u> </u>	00,001,111	1 00,701,000
	Buildings and equipment	1	Buildings and	equipment	Т	Accumulated of	depreciation
	Cananigo anta oquipintoni		Beginning	End	十	Beginning	End
,	Buildings, Equipment, Art & CIP	7	347,138,930	390,895,193	十	142,479,771	154,613,558
		ا م	011,100,000	000,000,100	+	1-12,-110,771	104,010,000
		ا ه			-		
)		امه			+		
		ا 🗚 ا			+		
		40		 	+		
2				 	+		
3		13			+		ļ
ŀ		14		ļ	4	 	
5		15			4		
ò		16			\perp		
	Total buildings and equipment			390,895,193	_	142,479,771	154,613,558
	Buildings and equipment (less accumulated					204,659,159	236,281,635
9	Total land, buildings and equipment		<u> </u>	1	9	235,213,300	267,062,935
					T	Accumulated	
	Category or Item		1	Cost/Other Basis			Book Value
1	Category or Item		·	Cost/Other Basis		Accumulated	
			·	Cost/Other Basis		Accumulated	
			2	Cost/Other Basis		Accumulated	
			2	Cost/Other Basis		Accumulated	
			2 3 4	Cost/Other Basis		Accumulated	
			2 3 4 5	Cost/Other Basis		Accumulated	
			2 3 4 5 6	Cost/Other Basis		Accumulated	
3 1 5 5 7			2 3 4 5 6	Cost/Other Basis		Accumulated	
			2 3 4 5 6 7 8	Cost/Other Basis		Accumulated	
)			2 3 4 5 6 7 8	Cost/Other Basis		Accumulated Depreciation	Book Value
)			2 3 4 5 6 7 8	Cost/Other Basis		Accumulated	Book Value
1			2 3 4 5 6 7 8	Cost/Other Basis		Accumulated Depreciation	Book Value
1	Total		2 3 4 5 6 7 8	Cost/Other Basis		Accumulated Depreciation 0	Book Value
1	Total		2 3 4 5 6 7 8	Cost/Other Basis		Accumulated Depreciation	Book Value
1	Total		2 3 4 5 6 7 8	Cost/Other Basis		Accumulated Depreciation 0	Book Value Control End 2,968,221
i	Total		2 3 4 5 6 7 8	Cost/Other Basis		Accumulated Depreciation 0 Beginning 3,078,386	Book Value End 2,968,221
Di	Total		2 3 4 5 6 7 8	Cost/Other Basis	1 2	Accumulated Depreciation 0 Beginning 3,078,386	Book Value End 2,968,221
i i i i i i i i i i i i i i i i i i i	Total		2 3 4 5 6 7 8	Cost/Other Basis	1 2 3 4	Accumulated Depreciation 0 Beginning 3,078,386	Book Value End 2,968,221
::::::::::::::::::::::::::::::::::::::	Total		2 3 4 5 6 7 8	Cost/Other Basis	1 2 3 4 5 5	Accumulated Depreciation 0 Beginning 3,078,386	Book Value Control End 2,968,221
i i i i i i i i i i i i i i i i i i i	Total		2 3 4 5 6 7 8	Cost/Other Basis	1 2 3 4 5 5 6 6	Accumulated Depreciation 0 Beginning 3,078,386	Book Value Control End 2,968,221
51557 B O 1 1 1 2	Total		2 3 4 5 6 7 8	Cost/Other Basis 0	1 2 3 4 5 6 7	Accumulated Depreciation 0 Beginning 3,078,386	Book Value Co End 2,968,221
1234567390 <u>1</u> 123456789	Total		2 3 4 5 6 7 8	Cost/Other Basis 0	1 2 3 4 5 5 6 6	Accumulated Depreciation 0 Beginning 3,078,386	Book Value

10 11

81,911,619

34,716,898

Line 64a (990) - Tax-exempt bond liabilities

	Issue name & purpose	Beginning balance	End of year amount outstanding	Unexpended proceeds	% of space used by 3rd party, if required
1	Series E, variable due through 2014		_	proceduc	party, ii required
2	Series F, 5.5-5.75% due through 2026	18,200,000	17,700,000		
		32,000,000	32,000,000		<u></u>
3		9,255,000	9,255,000		
4	Series H, 2.00% to 5.00%, due through 2033	42,340,000	41,640,000		
5	Series I, variable rate, due through 2033				
6		70,000,000	70,000,000		
					
7				_	
8					
9					
10					
11					
12					
13					
14					
15					
16				_	
17					
18		· · · · · · · · · · · · · · · · · · ·			
19	Totals	9 171,795,000	170,595,000		
	Tax-exempt bond or obligation in the form	of a mortgage			
1	Maturity date of debt Repayme	ent terms	Interest rate	Security	provided
2					
4					
5 6				-	
7					
9					
10					
12					
13 14					
15 16					
17	,				
18	3				

Line 65 (990) - Other liabilities

	Beginning	End
1 Present Value of Future Beneficiary Payments 1	28,025,560	35,244,299
2 Government Advances for Student Loans 2	3,380,770	3,466,160
3		
4		
5		
6		
7		
8		
9		
10		
11 Total other liabilities	31,406,330	38,710,459

Williams College EIN 04-2104847

Form 990 - June 30, 2004

Page 1, Part 1, Line 8(c)

No separate accounting is maintained for accumulation of total sales of securities. Therefore, the only amount available from a practical standpoint is the net realized gain from the sale of these securities

Page	2	Part	11 1	ine	22.
rauc	∠.	гαιι	11.		~~

Undergraduate need based Financial Aid awards	\$	18,543,227
Page 2, Part II, Line 42. Depreciation Expense:		2004
Land Improvements Building Equipment	\$	763,651 8,297,460 3,228,491 12,289,602
Page 2, Part II. Line 43(f): Includes various expenses such as office, maintenance and repairs, athletics, library, contract services, etc. not practical to enumerate separately	\$	6,862,097
Page 4, Part IV-AI, Line B 4 Other: Change in Present Value of Life Income Funds Financial Aid	\$ \$	2,295,385 (18,543,227)

(18,543,227) (16,247,842)

Page 5, Part VI, Line 80

Faculty Club

Williamstown, MA - Exempt

Williams College Land Foundation, Inc.

Williamstown, MA - Exempt

Clark Art Institute

Williamstown, MA - Exempt

Schedule A

All transactions are made within the normal course of business and are conducted at arm's length.

Page 2, Part III, Line 1: & Page 5, Part VI-B, Lines h&I: Lobbying

Williams College belongs to member organizations which may engage in lobbying activities. An unknown portion of the dues paid to these organizations may be utilized for lobbying purposes.

Page 2, Part III, Line 2c

Other than the payment of compensation and reimbursement of expenses for officers and trustees, the institution knows of no significant transaction between it and any person described in above or an organization or corporation with which such person is affiliated other than transactions in the normal conduct of its activities (e.g., the investment in a firm of which a trustee may be an officer, or the purchase of products or services from a corporation of which a trustee may be an officer). All such transactions are conducted at arm's length and for good and sufficient consideration. In such instances the trustee or officer plays no significant role in the approval of the transaction

Page 2, Part III, Line 4:

The College grants financial aid to students based on federal and college guidelines.

Page 4, Part V, Line 34A.

Students at Williams College receive Title IV federal financial aid.

Form 990 Page 3 Part IV Line 57

WILLIAMS COLLEGE SCHEDULE III-A LAND, BUILDINGS, AND EQUIPMENT For the Year Ended June 30, 2004

	Land and Land			
	Improvements	Building	Equipment	Total
Balance June 30, 2003	\$31,190,327	\$271,898,647	\$74,604,098	\$ 377,693,072
Additional for projects completed				
during the fiscal year				
Asbestos Removal		400,789		400,789
Bernhard Music Center		58,962		58,962
Boiler #3 Replacement		-13,900		-13,900
Chapin Hall		77,861		77,861
Chapman Rink Towne Field He	ouse	129,138		129,138
Faculty House		54,297		54,297
Furniture & Equipment			38,581	38,581
Capitalized Interest NON HEF	A	54,654		54,654
Heating Plant Underground		-873,886	1,204,198	330,312
Jesup Hall	133,929	315,284	538,134	987,347
Lawrence Hall Art			3,101,900	3,101,900
Lawrence Hall		283,632		283,632
Maintenance Service Building	19,700	64,744		84,444
Mount Hope Farm		132,305		132,305
Thompson Memorial Chapel		475,175		475,175
Under Ground Electrical Syste	m	17,643		17,643
125 Park Street #5		249,451		249,451
111 Southworth Street	100,000	303,246		403,246
100 Spring Street	143,200	35,800		179,000
Agard House		11,616		11,616
Chadbourne House		406,089		406,089
College Vehicles			60,637	60,637
Driscoll House		36,000		36,000
Dodd House Annex		61,089		61,089
Gaudino House	100,000	305,000		405,000
Mark Hopkins House		54,500		54,500
North House Chapin		37,400		37,400
Science Center		20,125		20,125
Siskind House		20,233		20,233
Stocking House		26,732		26,732
Southworth Apt Bld		3,585,146		3,585,146
Roberts House		5,649		5,649
Royal House		25,993		25,993
Williams College Parking Lots		31,181	26,229	57,410
Faculty Housing Delead		54,204		54,204
Faculty House Upgrade	63,410	27,614		91,024
Mission Park Houses		2,705,224	126,342	2,831,566
	\$ 560,239	\$ 9,178,990	\$ 5,096,021	\$ 14,835,250
Additional for projects in progress at June 30, 2004				
Baxter Student Center		1,466,533		1,466,533
Central Chilled Water Plant		979,867		979,867
Lamb Artificial Turf Field	290,000	66,290		356,290
Theatre & Dance Center		18,623,546		18,623,546

Form 990 Page 3 Part IV Line 57

4 - 1 - 1

Fixed

WILLIAMS COLLEGE SCHEDULE III-A LAND, BUILDINGS, AND EQUIPMENT For the Year Ended June 30, 2004

,		i and Land rovements	 Building	E	quipment	 Total
100 Spring Street Development			2,953,967			2,953,967
Stetson Sawyer Renovation			1,046,028			1,046,028
Bronfman Auditorium Upgrades			6,582			6,582
New Baseball Field-Design/Con			7,902			7,902
Card Access Upgrade-Matrix Sy					12,694	12,694
Eph's Monument/Gravesite Res			24,680			24,680
Fitch/Lehman Sprinkler System			79,229			79,229
Prospect House Renovation			632,933			632,933
AMT Improvements			296,802			296,802
N Campus Utilities Improve Ph1			935,835			935,835
	\$	290,000	\$ 27,120,194	\$	12,694	\$ 27,422,888
assets purchased with non-pla						
funds during fiscal year 200 Bronfman Science Cntr	-				64,745	64,745
Chandler Athletic Center					79,308	79,308
Bernhard Music Center					5,195	5,195
					43,738	43,738
Chapin Hall Clark Hall					24,339	24,339
Goodrich Hall					9,925	9,925
Griffin Hall					9,727	9,727
Hopkins Hall					88,028	88,028
Jesup Hall					418,343	418,343
Sawyer Lower Level					6,833	6,833
Lawrence Hall Art					127,914	127,914
Maintenance Service Bldg.					94,280	94,280
Mather House					5,759	5,759
Mears West					24,358	24,358
John Tyler House					12,776	12,776
Faculty House			6,761		31,611	38,372
Stetson Hall			14,872		7,673	22,545
Thompson Bio Lab			1-1,012		39,548	39,548
Thompson Chem Lab					34,835	34,835
Thompson Phys Lab			71,392		53,083	124,475
College Vehicle Heavy Equip			, 1,002		315,140	315,140
Weston Field Seat Facility					6,100	6,100
Williams College Parking Lots		69,920			0,700	69,920
Ebenezer Fitch House		00,020	17,179			17,179
Poker Flats			14,000			14,000
Peoplesoft			,000		596,586	596,586
Other Vanous			11,801		230,000	11,801
Caron Famous	\$	69,920	\$ 136,005	\$	2,099,844	\$ 2,305,769
Disposal of Fixed Assets	\$	(403,000)		\$	(177,486)	\$ (580,486)

\$

\$

\$ (6,622,940)

\$ 25,084,546

308,333,836

(116,586,792)

191,747,044

81,635,171

(31,403,826)

50,231,345

421,676,493

(154,613,558)

267,062,935

Subtotal before accumulated \$ 31,707,486

Accumulated Depreciation

Balance June 30, 2004

WILLIAMS COLLEGE BOARD OF TRUSTEES – 2003-2004 EIN# 04-2104847

Mr. Robert I. Lipp Mr. Clarence Otis, Jr.

Mr. Gregory M. Avis Mr. Steven S. Rogers

Ms. Janet H. Brown Dr. Lucienne S. Sanchez

Mr. E. David Coolidge, III Mr. Brent E. Shay

Dr. Delos M. Cosgrove, III Mr. William E. Simon, Jr.

Mr. Paul S. Grogan Ms. A. Clayton Spencer

Mr. Michael B. Keating Ms. Cecily E. Stone

Mr. Jonathan A. Kraft Ms. Laurie J. Thomsen

Ms. Mary T. McTernan The Hon. Carl W. Vogt

Mr. Paul Neely Mr. John S. Wadsworth, Jr.

The above Trustees address is:

Wr. Peter M. Wege, II

Williams College

P. O. Box 67 Williamstown, MA 01267

The Trustees do not receive any compensation as Members of the Board.

For all Trustees, hours worked depends on committee assignments, chairmanships, etc. For each trustee minimum hours worked is estimated to 80 hrs. per year.

Form 8868

(December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

• If you	u are filing for an Automatic 3-Month Extension, complete only Part I and chec	ck this box
• If you	u are filing for an Additional (not automatic) 3-Month Extension, complete only	y Part II (on page 2 of this form).
Note:	Do not complete Part II unless you have already been granted an automatic 3- 8868.	month extension on a previously filed
Part	Automatic 3-Month Extension of Time — Only submit original (no	copies needed)
Note:	Form 990-T corporations requesting an automatic 6-month extension — check the	is box and complete Part I only ▶ 🗌
	er corporations (including Form 990-C filers) must use Form 7004 to request an ext	
Partne	rships, REMICs and trusts must use Form 8736 to request an extension of time to	
Type or	Name of Exempt Organization	Employer identification number
print	WILLIAMS COLLEGE	04-2104847
File by th		
due date filing you	, HOPKINS HALL, P.O. BOX 6/	
return Si		
	WILLIAMSTOWN, MA U2167	
	type of return to be filed (file a separate application for each return):	
	_	Form 4720
	m 990-BL	Form 5227
L.	m 990-EZ	Form 6069
For	m 990-PF	Form 8870
	organization does not have an office or place of business in the United States, ch	*****
	s is for a Group Return, enter the organization's four digit Group Exemption Numb	
	whole group, check this box ►	and attach a list with the names and
	f all members the extension will cover.	
	request an automatic 3-month (6-month, for 990-T corporation) extension of time of file the exempt organization return for the organization named above. The extensi	
>	calendar year 20 or	
>	\square tax year beginning \square July 1 , 20 \square , and ending \square	<u>June 30</u> , 20 04.
2 If	this tax year is for less than 12 months, check reason: Initial return Figure 1.	inal return
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentat on refundable credits. See instructions	
	this application is for Form 990-PF or 990-T, enter any refundable credits and esti- ade. Include any prior year overpayment allowed as a credit	
	alance Due. Subtract line 3b from line 3a. Include your payment with this form, or ith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	
_	structions	• 0 00
/	Signature and Verification	
	nalties of perjury, I declare that I have examined this form, including accompanying schedules and statement complete, and that I am authorized to prepare this form.	ents, and to the best of my knowledge and belief, it is true,
Signature	► Mil D Fillil Title CPA	Date ► 11/1/2004
For Pap	erwork Reduction Act Notice, see Instruction	Form 8868 (12-2000)

	40.000	Page 2
Form 8868 (Re		~
Note. Only	e filing for an Additional (not automatic) 3-Month Extension, complete only Paccomplete Part II if you have already been granted an automatic 3-month extension or	art II and check this box P 🔯 a previously filed Form 8868.
	e filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	riginal and One Conv
Part II	Additional (not automatic) 3-Month Extension of Time—Must File O	Employer identification number
Type or	Name of Exempt Organization WILLIAMS COLLEGE	04-2104847
print	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
File by the extended		TO II TO USE OTHY
due date for	HOPKINS HALL, P.O. BOX 67 City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
filing the return. See		
instructions.	WILLIAMSTOWN, MA 02167	
Check type	e of return to be filed (File a separate application for each return):	<u>_</u>
☑ Form 99	0 Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 99	90-BL	☐ Form 6069
☐ Form 99		☐ Form 8870
STOP: Do no	ot complete Part II if you were not already granted an automatic 3-month extens	sion on a previously filed Form 8868.
• The books	are in the care of ► Ms. Susan Hogan	
	e No. ► <u>(413) 597-4204</u> FAX No. ►	
• If the orga	inization does not have an office or place of business in the United States, chec	k this box ▶ □
• If this is fo	or a Group Return, enter the organization's four digit Group Exemption Number ((GEN) If this is
for the who	le group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨	and attach a list with the
names and	EINs of all members the extension is for.	·
4 I reque	est an additional 3-month extension of time until May 16	, 20 <u>05</u> .
5 For cal	endar year, or other tax year beginningJuly 1, 2003, and	ending <u>June 30</u> , 20 <u>04</u> .
6 If this t	tax year is for less than 12 months, check reason: Initial return Final re	eturn Change in accounting period
7 State in	n detail why you need the extension Additional time is needed t	o file a complete
	accurate return.	
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentati	ive tax, less any
	undable credits. See instructions	
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credit	
tax nav	yments made. Include any prior year overpayment allowed as a credit and a	any amount paid
	sly with Form 8868	
•	ee Due. Subtract line 8b from line 8a. Include your payment with this form, or, if	
with FT	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	See instructions. \$ 0.00
	Signature and Verification	
Under penalties	of perjury, Vdeclare that I have examined this form, including accompanying schedules and statements	s, and to the best of my knowledge and belief,
it is true, correct	t, and complete, and that I am authorized to prepare this form.	
Signature ►	MIN (1) FUUL Title > CPA	Date ► 02/14/2005
	Notice to Applicant—To Be Completed by the IR	S
☐ We have	e approved this application. Please attach this form to the organization's return.	
	e not approved this application. However, we have granted a 10-day grace period from the	later of the date shown below or the due
date of t otherwis	the organization's return (including any prior extensions). This grace period is considered to be required to be made on a timely return. Please attach this form to the organization's retu	be a valid extension of time for elections rn.
	e not approved this application. After considering the reasons stated in item 7, we cannot g Ve are not granting a 10-day grace period.	rant your request for an extension of time
🗌 🏻 We canı	not consider this application because it was filed after the extended due date of the retur	n for which an extension was requested.
Other _		
	By:	
Director		Date
	ailing Address — Enter the address if you want the copy of this application for	an additional 3-month extension
returned to a	an address different than the one entered above.	
ļ	Name Designation to the supplier of the suppl	nalotoma
ļ	PricewaterhouseCoopers LLP Atten: Joyce Size	naterary
Type or	Number and street (include suite, room, or apt. no.) or a P.O. box number	
print	One International Place	
İ	City or town, province or state, and country (including postal or ZIP code)	
	Boston, MA 02110 Re	e: WILLIAMS COLLEGE