

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)

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 7/1/2002 and ending 6/30/2003

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Williams College. D Employer identification number: 04-2104847. E Telephone number: (413) 597-4204. F Accounting method: Accrual.

G Web site: www.williams.edu. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates: N/A. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

J ORGANIZATION TYPE (check only one) [X] 501(c) ( 3 ) (insert no) [ ] 4947(a)(1) OR [ ] 527

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. SOME STATES REQUIRE A COMPLETE RETURN.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 162,691,875. M Check [ ] if the organization is NOT required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

Table with 21 rows and 4 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities. Row 6: Gross rents. Row 7: Other investment income. Row 8: Gross amount from sales of assets other than inventory. Row 9: Special events and activities. Row 10: Gross sales of inventory, less returns and allowances. Row 11: Other revenue. Row 12: TOTAL REVENUE. Row 13: Program services. Row 14: Management and general. Row 15: Fundraising. Row 16: Payments to affiliates. Row 17: TOTAL EXPENSES. Row 18: Excess or (deficit) for the year. Row 19: Net assets or fund balances at beginning of year. Row 20: Other changes in net assets or fund balances. Row 21: Net assets or fund balances at end of year.

EXPANDED APR 30 2003 Revenue

RECEIVED APR 19 2004 UGDEN, UT

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (See Attached Statement) (cash \$ _____ noncash \$ 17,444,609 )	22 17,444,609	17,444,609		
23	Specific assistance to individuals (attach schedule)	23 0			
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc.	25 510,549	510,549		
26	Other salaries and wages	26 56,540,731	49,030,326	3,992,926	3,517,479
27	Pension plan contributions	27 4,731,157	3,408,554	1,037,514	285,089
28	Other employee benefits	28 8,689,008	6,259,982	1,905,446	523,580
29	Payroll taxes	29 3,920,011	2,824,165	859,635	236,211
30	Professional fundraising fees	30 0			
31	Accounting fees	31 131,837	2,999	128,838	
32	Legal fees	32 497,247	10,405	486,416	426
33	Supplies	33 6,916,872	6,378,835	358,234	179,803
34	Utilities	34 4,659,836	3,589,753	858,707	211,376
35	Postage and shipping	35 657,497	265,364	92,222	299,911
36	Occupancy	36 0			
37	Equipment rental and maintenance	37 7,435,166	5,638,839	1,713,723	82,604
38	Printing and publications	38 1,063,453	563,757	180,040	319,656
39	Travel	39 3,224,719	2,718,337	97,948	408,434
40	Conferences, conventions, and meetings	40 237,684	203,870	15,636	18,178
41	Interest	41 3,717,724	3,089,801	419,359	208,564
42	Depreciation, depletion, etc. (See Attached Statement)	42 11,075,277	9,204,663	1,249,291	621,323
43	Other expenses not covered above (itemize): a Insurance	43a 895,870	409,962	473,296	12,612
	b Fellowship/Student Prizes and Awards	43b 1,236,789	1,236,789		
	c Life Income Pmts & Change in value of Split Income	43c 941,636		941,636	
	d Contract Services / Consultants	43d 2,374,246	1,759,809	220,661	393,776
	e Speakers	43e 1,079,385	1,060,387	13,098	5,900
	f Other Expenses (See Attached Statement)	43f 8,705,249	4,439,260	3,851,916	414,073
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D), CARRY THESE TOTALS TO LINES 13-15	44 146,686,552	120,051,015	18,896,542	7,738,995

JOINT COSTS. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

Part III	Statement of Program Service Accomplishments (See page 24 of the instructions.)	Program Service Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
	What is the organization's primary exempt purpose? <u>Four Year Liberal Arts College</u>	
	All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a	Full Time Equivalent Students - 2036 Full Time Equivalent Faculty - 267  (Grants and allocations \$ 17,444,609 )	103,378,466
b	Auxiliary Enterprises includes housing, room, board, conferences, etc  (Grants and allocations \$ )	16,672,549
c	  (Grants and allocations \$ )	
d	  (Grants and allocations \$ )	
e	Other program services (attach schedule) (Grants and allocations \$ )	
f	TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	120,051,015

**Part IV Balance Sheets** (See page 24 of the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing	2,081,168	<b>45</b>	2,181,460
	<b>46</b> Savings and temporary cash investments	135,922,677	<b>46</b>	107,748,323
	<b>47 a</b> Accounts receivable (See Attached Statement)	<b>47a</b> 892,749		
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b> 110,827	1,501,087	<b>47c</b> 781,922
	<b>48 a</b> Pledges receivable (See Attached Statement)	<b>48a</b> 74,269,716		
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b> 17,398,190	31,415,887	<b>48c</b> 56,871,526
	<b>49</b> Grants receivable			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		0	<b>50</b> 0
	<b>51 a</b> Other notes and loans receivable (attach schedule) (See Attached Statement)	<b>51a</b> 8,292,954		
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b> 193,625	6,015,509	<b>51c</b> 8,099,329
	<b>52</b> Inventories for sale or use		547,339	<b>52</b> 379,232
	<b>53</b> Prepaid expenses and deferred charges		2,672,373	<b>53</b> 3,044,713
	<b>54</b> Investments - securities (See Attached Statement) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		356,732,482	<b>54</b> 395,095,794
	<b>55 a</b> Investments - land, buildings, and equipment: basis	<b>55a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b> 0	0	<b>55c</b> 0
	<b>56</b> Investments - other (See Attached Statement)		694,923,897	<b>56</b> 701,099,919
	<b>57 a</b> Land, buildings, and equipment: basis	<b>57a</b> 377,693,071		
	<b>b</b> Less: accumulated depreciation (attach schedule) (See Attached Statement)	<b>57b</b> 142,479,771	209,898,214	<b>57c</b> 235,213,300
	<b>58</b> Other assets (describe <input type="checkbox"/> See attached Schedule )		3,940,246	<b>58</b> 81,911,619
<b>59</b> TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		1,445,650,879	<b>59</b> 1,592,427,137	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	14,990,973	<b>60</b>	20,500,505
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue	2,547,503	<b>62</b>	4,533,153
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		0	<b>63</b> 0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) (See Attached Statement)		73,375,000	<b>64a</b> 171,795,000
	<b>b</b> Mortgages and other notes payable (attach schedule)		0	<b>64b</b> 0
	<b>65</b> Other liabilities (describe <input type="checkbox"/> See attached schedule )		32,731,396	<b>65</b> 31,406,330
<b>66</b> TOTAL LIABILITIES (add lines 60 through 65)		123,644,872	<b>66</b> 228,234,988	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted	297,659,680	<b>67</b>	299,042,309
	<b>68</b> Temporarily restricted	744,973,853	<b>68</b>	760,125,155
	<b>69</b> Permanently restricted	279,372,474	<b>69</b>	305,024,685
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds			<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			<b>72</b>
<b>73</b> TOTAL NET ASSETS OR FUND BALANCES (add lines 67 through 69 OR lines 70 through 72; column (A) MUST equal line 19; column (B) MUST equal line 21)		1,322,006,007	<b>73</b> 1,364,192,149	
<b>74</b> TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		1,445,650,879	<b>74</b> 1,592,427,137	

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.



Part VI Other Information (See page 27 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on FORM 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b	If "Yes," enter the name of the organization <input checked="" type="checkbox"/> See Attached		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
b	Did the organization file FORM 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		n/a
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		n/a
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		n/a
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> Massachusetts		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	1,993
91	The books are in care of <input checked="" type="checkbox"/> Susan Hogan Telephone no <input checked="" type="checkbox"/> 413-597-4204 Located at <input checked="" type="checkbox"/> P.O. Box 67 Williamstown, MA ZIP + 4 <input checked="" type="checkbox"/> 01267		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> Tuition, Fees, Room & Board					65,960,990
<b>b</b> Auxiliary Revenue			03	2,948,223	
<b>c</b> Miscellaneous					292,311
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities			14	21,786,062	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property			16	1,086,525	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income	525990	781,326			
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	16,242,993	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b> Miscellaneous	611600	187,082			
<b>b</b> Conferences Unrelated	721210	987,102			
<b>c</b> Loss on debt retirement			01	-806,743	
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		1,955,510		41,257,060	66,253,301
<b>105</b> TOTAL (add line 104, columns (B), (D), and (E))					109,465,871

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	Tuition, Fees, Room & Board for Students, Faculty & Staff at Williams College
93C	Other Program Service Revenue

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
n/a	n/a	n/a	n/a	n/a
	%			
	%			
	%			

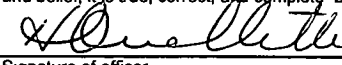
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions.)

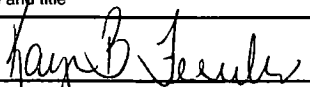
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 AND Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.

Please Sign Here:   
 Signature of officer: Helen Ouellette  
 Type or print name and title: Helen Ouellette Vice President for Administration and

Paid Preparer's Use Only: Preparer's signature:  Date: 7/1/04  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Pricewaterhouse Coopers, LLP One International Place, Boston, MA 02110

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

Department of the Treasury  
Internal Revenue Service

**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

**2002**

Name of the organization

Williams College

Employer identification number

04-2104847

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
George R Goethals II				
Williamstown, MA Stephen R Birrell	Professor - 40 hours	185,688	33,331	0
Williamstown, MA Catherine B Hill	VP Alumni Relations & Development 40 hours	175,960	38,148	0
Williamstown, MA Thomas A Kohut	Provost - 40 hours	169,600	49,508	0
Williamstown, MA Robert E McQuinn	Dean of Faculty 40 hours	169,600	36,597	0
Williamstown, MA	Associate VP for Development 40 hours	165,462	35,603	0
Total number of other employees paid over \$50,000	383			

**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.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Hintz Holman & Hecksher Inc		
New York, NY William Rawn Associates Architects Inc	Investment Manager	3,550,050
Boston, MA John W. Bristol & Company Inc	Architectural Services	3,388,391
New York, NY Polshek Partnership LLP	Investment Manager	1,073,733
New York, NY Centerline Architects and Planners PC	Architectural Services	995,505
Bennington, VT	Architectural Services	497,200
Total number of others receiving over \$50,000 for professional services	42	

<b>Part III</b> Statements About Activities (See page 2 of the instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>See Attached</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .	2a	X
<b>b</b>	Lending of money or other extension of credit? . . . . .	2b	X
<b>c</b>	Furnishing of goods, services, or facilities? . See Attached	2c	X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V FORM 990	2d	X
<b>e</b>	Transfer of any part of its income or assets? . . . . .	2e	X
<b>3</b>	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See NOTE below.) . . . . .	3	X
<b>4</b>	Do you have a section 403(b) annuity plan for your employees? . . . . .	4	X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.			

<b>Part IV</b> Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)	
The organization is not a private foundation because it is: (Please check only ONE applicable box.)	
<b>5</b>	<input type="checkbox"/> A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
<b>6</b>	<input checked="" type="checkbox"/> A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
<b>7</b>	<input type="checkbox"/> A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
<b>8</b>	<input type="checkbox"/> A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
<b>9</b>	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). ENTER THE HOSPITAL'S NAME, CITY, AND STATE _____
<b>10</b>	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the SUPPORT SCHEDULE in Part IV-A.)
<b>11 a</b>	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the SUPPORT SCHEDULE in Part IV-A.)
<b>11 b</b>	<input type="checkbox"/> A community trust. Section 170(b)(1)(A)(vi). (Also complete the SUPPORT SCHEDULE in Part IV-A.)
<b>12</b>	<input type="checkbox"/> An organization that normally receives: (1) MORE THAN 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) NO MORE THAN 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the SUPPORT SCHEDULE in Part IV-A.)
<b>13</b>	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)
Provide the following information about the supported organizations. (See page 5 of the instructions.)	
(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **USE CASH METHOD OF ACCOUNTING.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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 public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					

<b>26</b> ORGANIZATIONS DESCRIBED ON LINES 10 OR 11: a Enter 2% of amount in column (e), line 24	<b>26a</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts.	<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e)	<b>26c</b>
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	<b>26d</b>
e Public support (line 26c minus line 26d total)	<b>26e</b>
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))	<b>26f</b>

<b>27</b> ORGANIZATIONS DESCRIBED ON LINE 12: N/a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the sum of such amounts for each year:  (2001) _____ (2000) _____ (1999) _____ (1998) _____	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the LARGER of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) DO NOT FILE THIS LIST WITH YOUR RETURN. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:  (2001) _____ (2000) _____ (1999) _____ (1998) _____	
c Add: Amounts from column (e) for lines: 15 _____ 0 16 _____ 0 17 _____ 0 20 _____ 0 21 _____ 0	<b>27c</b>
d Add: Line 27a total _____ 0 and line 27b total _____ 0	<b>27d</b>
e Public support (line 27c total minus line 27d total)	<b>27e</b>
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	<b>27f</b>
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))	<b>27g</b>
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))	<b>27h</b>

**28** UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. DO NOT FILE THIS LIST WITH YOUR RETURN. Do not include these grants in line 15.

**Part V**

**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)

		Yes	No
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? . . . . .	X	
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? . . . . .	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.) <u>Williams College Course Catalog / Bulletin</u>	X	
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	X	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		X
b	Admissions policies? . . . . .		X
c	Employment of faculty or administrative staff? . . . . .		X
d	Scholarships or other financial assistance? . . . . .		X
e	Educational policies? . . . . .		X
f	Use of facilities? . . . . .		X
g	Athletic programs? . . . . .		X
h	Other extracurricular activities? . . . . .		X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? (See Attached Statement)	X	
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		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 . . . . .	X	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768) N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	0 0
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	0 0
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
	Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 . . . . .		
	Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 . . . . .	<b>41</b>	0 0
	Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	0 0
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	0 0
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	0 0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					0
<b>47</b> Total lobbying expenditures . . . . .					0
<b>48</b> Grassroots nontaxable amount . . . . .					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					0
<b>50</b> Grassroots lobbying expenditures . . . . .					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (See page 11 of the instructions.)  
 (For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers . . . . .
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .
- c** Media advertisements . . . . .
- d** Mailings to members, legislators, or the public . . . . .
- e** Publications, or published or broadcast statements . . . . .
- f** Grants to other organizations for lobbying purposes . . . . .
- g** Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .
- i** Total lobbying expenditures (Add lines c through h.) . . . . .

Yes	No	Amount
	X	
	X	
	X	None
	X	None
	X	None
	X	None
X		See Attached
		See Attached

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Line 47 (990) - Accounts receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	1,828,258	892,749	327,171	110,827
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	Total accounts receivable	1,828,258	892,749	327,171	110,827

**Line 48 (990) - Pledges receivable**

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	Pledges	38,018,165	74,269,716	6,602,278	17,398,190
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	Total pledges receivable	38,018,165	74,269,716	6,602,278	17,398,190

**Line 51 (990) - Other notes and loans receivable**

		Other notes and loans receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	Other Receivables	6,225,064	8,292,954	209,555	193,625
2	2	0			
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	Total other notes and loans receivable	6,225,064	8,292,954	209,555	193,625

**Line 54 (990) - Investments securities**

		Beginning	End
1	Stocks	356,732,482	395,095,794
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total investments securities	356,732,482	395,095,794

**Line 56 (990) - Other Investments**

		Beginning	End
1	Bonds	276,933,027	213,704,921
2	Real Estate Mortgages & Other	38,657,313	42,022,472
3	Privately Held Partnerships	317,559,626	332,446,886
4	Mutual Funds	34,124,447	72,434,689
5	Net Trades Pending, Accounts Receivable / Payable	27,649,484	40,490,951
6			
7			
8			
9			
10			
11	Total other investments	694,923,897	701,099,919

**Line 57 (990) - Land, buildings, and equipment**

Land Only (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	Land	26,897,361	30,554,141
2	-----		
3	-----		
4	-----		
5	-----		
6	-----		
7	-----		
8	-----		
9	-----		
10	Total land (net of any amortization)	26,897,361	30,554,141

Buildings and equipment Only		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
1	Buildings, Equip, Art & CIP	314,405,347	347,138,930	131,404,494	142,479,771
2	-----				
3	-----				
4	-----				
5	-----				
6	-----				
7	-----				
8	-----				
9	-----				
10	Total buildings and equipment	314,405,347	347,138,930	131,404,494	142,479,771

Buildings and equipment (less accumulated depreciation) . . . . . 183,000,853 204,659,159

Total land, buildings and equipment . . . . . Beginning of Year 209,898,214 End of Year 235,213,300

**Line 58 (990) - Other Assets**

		Beginning	End
1	Accrued Investment Income	3,940,246	3,078,386
2	On deposit with Trustee		78,833,233
3	-----		
4	-----		
5	-----		
6	-----		
7	-----		
8	-----		
9	-----		
10	-----		
11	Total other assets	3,940,246	81,911,619

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

		Beginning	End
1	Series D, 5-5.75%, due through 2017	13,420,000	
2	Series E, variable, due through 2014	18,700,000	18,200,000
3	Series F, 5.5-5.75, due through 2026	32,000,000	32,000,000
4	Series G, 5.50%, due through 2014	9,255,000	9,255,000
5	Series H, 2.00% to 5.00%, due through 2033		42,340,000
6	Series I, variable rate, due through 2033		70,000,000
7			
8			
9			
10			
11	<b>Total tax exempt bond liabilities</b>	<b>73,375,000</b>	<b>171,795,000</b>

**Line 65 (990) - Other Liabilities**

		Beginning	End
1	Present Value of Future Beneficiary Payments	29,344,226	28,025,560
2	Government Advances for Student Loans	3,387,170	3,380,770
3			
4			
5			
6			
7			
8			
9			
10			
11	<b>Total other liabilities</b>	<b>32,731,396</b>	<b>31,406,330</b>



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 1, Part 1, Line 20

Change in unrealized appreciation for year ended June 30, 2003	\$ 23,241,327
Other	\$ (244)
Change in Present value of life income payments	\$ 2,939,736
	<u>\$ 26,180,819</u>

Page 2, Part II, Line 22:

Undergraduate need based Financial Aid awards

Page 2, Part II, Line 42

2003

Depreciation Expense:

Land Improvements	\$ 693,205
Building	7,686,402
Equipment	2,695,670
	<u>\$ 11,075,277</u>

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.

Page 4, Part IV-AI, Line B 4 Other:

Change in Present Value of Life Income Funds	\$ 2,939,736
Other	\$ (244)
Financial Aid	\$ (17,444,609)
	<u>\$ (14,505,117)</u>

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.

c) Housing and an automobile were provided to an officer for the convenience of the College. The officer is required to live on campus as part of his/her duties.

Page 2, Part III, Line 2c

c) Members of governance of Williams College may be affiliated with, or may be directors of, various companies in the community which have a business relationship with the College. Purchasing decisions are not made by these individuals. All transactions are made within the normal course of business and are conducted at arm's-length

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.

**WILLIAMS COLLEGE**  
**SCHEDULE III-A**  
**LAND, BUILDINGS, AND EQUIPMENT**  
**For the Year Ended June 30, 2003**

	Land and Land Improvements	Building	Equipment	Total
<b>Balance, June 30, 2002</b>	\$ 27,529,614	\$ 244,706,034	\$ 69,067,060	\$ 341,302,708
<b>Additional for projects completed during the fiscal year</b>				
Asbestos Removal		300,710		300,710
Bernhard Music Center		30,120		30,120
Boiler #3 Replacement		896,425		896,425
Bronfman Science Center		33,740		33,740
Chandler Athletic Center		18,940		18,940
Chapin Hall		12,974		12,974
Chapman Rink Towne Field House		916,621	156,686	1,073,307
Fire Safety System		333,375		333,375
Furniture & Equipment			376,304	376,304
Capitalized Interest NON HEFA		105,982		105,982
Heating Plant Underground		677,254		677,254
Hopkins Forest Property		45,055		45,055
Jesup Hall		415,241	192,278	607,519
Lawrence Hall Art			972,570	972,570
Mather House		222,172		222,172
Mount Hope Farm		219,427		219,427
Oxford England		82,500		82,500
Science Center		233,887		233,887
Williams College Parking Lots	3,954,250	1,055,688		5,009,938
Thompson Memorial Chapel		158,782		158,782
Under Ground Electrical System		765,129		765,129
John Bascom House		363,552		363,552
Chadbourne House		91,708		91,708
College Vehicles			54,376	54,376
Dodd House Annex		15,075		15,075
Spencer House		34,794		34,794
Stocking House		40,241		40,241
Southworth Apt Bld	100,000			100,000
Pilgrim House		9,327		9,327
Royal House		21,508		21,508
Tyler Annex		56,200		56,200
Wood House		24,114		24,114
Faculty Housing Delead		248,019		248,019
Melville House	112,530	316,975		429,505
Mission Park Dinning		2,410,593		2,410,593
	\$ 4,166,780	\$ 10,156,128	\$ 1,752,214	\$ 16,075,122
<b>Additional for projects in progress at June 30, 2002</b>				
89 Spring Street				0
Baxter Student Center		1,120,123		1,120,123
Central Chilled Water Plant		2,387,437		2,387,437
Dinning Service Support Facility		-40,835		-40,835
Peoplesoft Project			599,479	599,479



**WILLIAMS COLLEGE  
BOARD OF TRUSTEES – 2002-2003  
EIN# 04-2104847**

Mr. Robert I. Lipp

Mr. Clarence Otis, Jr.

Mr. Gregory M. Avis

Mr. William G. Ouchi

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.

Ms. Laura Estes

Ms. Cecily E. Stone

Mr. Paul S. Grogan

Ms. Laurie J. Thomsen

Mr. Michael B. Keating

The Hon. Carl W. Vogt

Ms. Mary T. McTernan

Mr. John S. Wadsworth, Jr.

Mr. Paul Neely

Mr. Peter M. Wege, II

The above Trustees address is:

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.

030e

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box 
  - Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print	Name of Exempt Organization <b>President &amp; Trustees of Williams College</b>	Employer identification number <b>04 : 2104847</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. Box 67</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Williamstown, MA 01267</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990  Form 990-EZ  Form 990-T (sec. 401(a) or 408(a) trust)  Form 1041-A  Form 5227  Form 8870
- Form 990-BL  Form 990-PF  Form 990-T (trust other than above)  Form 4720  Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

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

- 4 I request an additional 3-month extension of time until April 15, 20 04
- 5 For calendar year \_\_\_\_\_, or other tax year beginning July 1, 20 02 and ending June 30, 20 03
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension Return under review by outside advisor

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Amanda* Title ▶ Controller Date ▶ 2/10/04

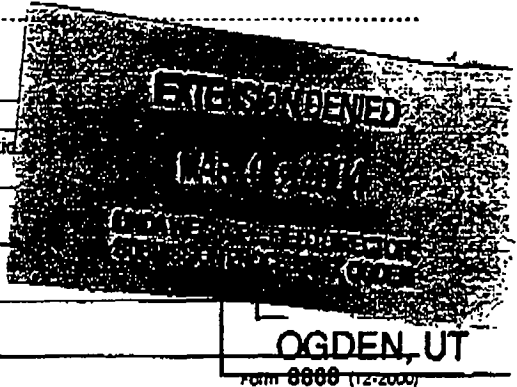
**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have 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 the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_

Alternate Mailing Address — Enter the address if you want the copy of this application returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)



Years  
0 2003  
Mails or Priority Mail  
at mail

Form **8868**  
(December 2000)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

## Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only**

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>PRESIDENT &amp; TRUSTEES OF WILLIAMS COLLEGE</b>	Employer identification number <b>04: 2104847</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 67</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WILLIAMSTOWN, MA 01267</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until \_\_\_\_\_, 20\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20... or

▶  tax year beginning JULY 1 \_\_\_\_\_, 2002, and ending JUNE 30 \_\_\_\_\_, 2003.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Melvin Contolera Date ▶ 11/2/03

For Paperwork Reduction Act Notice, see instruction Cat. No. 27916D Form **8868** (12-2000)