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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2008 ca	lendar yea	r, or tax year beginning 07-	01-2008 and ending 06-30-200	9	T 5 5!	
		pplicable	Please	C Name of organization THE UNIVERSITY OF PUGET SO	DUND			ntification number
	dress ch	-	use IRS label or	Doing Business As			91-056496 E Telephone nu	
Na —	me cha	nge	print or type. See				(253) 879-6	
	tıal retu		Specific Instruc-		x if mail is not delivered to street addre	ess) Room/suite	G Gross receipt	
Te	mınatıc	n	tions.	1500 N Warner St CMB 1075				- +,,
☐ Am	ended	return		City or town, state or country, Tacoma, WA 984161075	and ZIP + 4	•	1	
Гар	plication	pending		Tacoma, WA 904101073				
			F Nan	ne and address of Principal	O fficer	H(a) Is th	s a group return	for
				R Thomas is C above			ates?	┌ Yes 🔽 No
				a, WA 98416		H(b) Are a	II affiliates include	d?
I Ta	x-exem	npt status	501(c))(3) ◀ (insert no)	a)(1) or	1 ' '		See instructions)
J W	eb sit	e: ► ww	w pugetsou	nd edu			ıp Exemption Nui	
К Тур	e of org	ganızatıon	 ✓ Corporat	tion	ner 🕦	L Year of Fo	ormation 1888 M WA	State of legal domicile
Da	rt I	Sum	mary					
Ρa	1			e organization's mission or	most significant activities			
a)	-	Educati						
Ž								
E								
Governance	2	Check	this box	ıf the organization discontii	nued its operations or disposed o	of more than 2	25% of its assets	;
Ĭ	3	Number	r of voting r	members of the governing b	ody (Part VI, line 1a)		. 3 _	30
නුර රෝ	4	Number	r of ındepen	ndent voting members of the	governing body (Part VI, line 1	b)	. 4 _	29
ĕ	5	Total n	umber of en	nployees (Part V , line 2a)			5 _	2,817
Activities &	6	Total n	umber of vo	olunteers (estimate if neces	sary)		6 _	572
ď	7a	Total g	ross unrela	ted business revenue from	Part VIII, line 12, column (C)		7a _	-401,501
	b	Net unr	elated busi	iness taxable income from F	Form 990-T, line 34		7b	-421,248
						Pri	or Year	Current Year
g)	8			d grants (Part VIII, line 1h)		31,286,885	13,310,062	
Revenue	9	_		revenue (Part VIII, line 2g)		106,667,789	114,136,822	
Š	10			me (Part VIII, column (A), I		21,716,567	6,781,935	
	11		-		5, 6d, 8c, 9c, 10c, and 11e) : equal Part VIII, column (A), lın		143,309	-7,806,103
	12	12)	evenue—a	ad iiiles o tiiiougii 11 (iiiusi	. equal Part VIII, Column (A), in	e	159,814,550	126,422,716
	13	Grants	and simila	ar amounts paid (Part IX, co	olumn (A), lines 1-3)		28,611,949	31,507,871
	14	Benefi	ts paid to c	or for members (Part IX, col	umn (A), line 4)		0	0
ø.	15		es, other co	ompensation, employee ben	efits (Part IX, column (A), lines	5 –	E4 400 117	61 605 034
Expenses	16-	10)			.m (A) lima 4.4 a)		54,498,117	61,685,834
<u>क</u>	16a			Iraising fees (Part IX, colum			0	0
Д	b	•		penses, Part IX, column (D), line	<u></u> -		30.053.063	40.300.403
	17 18			(Part IX, column (A), lines 1	al Part IX, line 25, column (A))		39,953,962	40,300,492
	19			penses Subtract line 18 fro			36,750,522	-7,071,481
<u>አ ው</u>		1101011	de less exp	Senses Subtract fine 10 no	m mc 12	Reginn	ing of Year	End of Year
900 900 900 900 900 900 900 900 900 900	20	Total	assets (Da	rt X, line 16)			495,057,142	446,759,237
Net Assets or Fund Balances	21			Part X, line 26)			107,984,221	111,588,852
end.	22		·	nd balances Subtract line 2	1 from line 20		, ,	335,170,385
	22 1301		ature Blo		1 110111 1111e 20		387,072,921	333,170,363
Гα					ned this return, including accompanying	schedules and	statements, and to t	he hest of my knowledge
					of preparer (other than officer) is base			
Plea		I					-05-11	
Sigr Her		Sign	ature of office	er		Date		
			ry B Mondou e or print nam	VP for Finance & Administration				
		F 19 Pe	or print hall	ic and the		0		
.		Preparer signature				Check If self-	Preparer's PTIN (See Gen Inst)
Paid	oro-! -		7			empolyed 🕨 🦵		
Prep Use	arer's ∩nlv		ame (or yours nployed),	s			EIN Þ	
U DE	Unity		and ZIP + 4	r -			Dhama	
							Phone no 🕨	
May	the IR	S discus	s this retu	rn with the preparer shown a	above? (See instructions)			┌ Yes ┌ No

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

_		<u> </u>	to the time to the time to	o a a d a d a d a d a d a d a d a d a d	
1	Briefly describe the organiz	zation's mission			
2	Did the organization the prior Form 990 o		ogram services during the year whi	ch were not listed on	res ✓ No
		ese new services on Schedu			
3	services?		ıgnıfıcant changes ın how ıt conduc		res ✓ No
	If "Yes," describe the	ese changes on Schedule O			
4	Section 501(c)(3) ai	nd (4) organizations and 494	each of the organization's three larg 17 (a)(1) trusts are required to repoi or each program service reported		
4a	choose from 1200 class occupational therapy, a include five Washington designed to support the	endent undergraduate liberal arts of es in more than 50 major areas of nd physical therapy The college m state professors of the year from academic experience, including at	0,791,331 including grants of \$ college in Western Washington, Puget Sound study in the arts, sciences, humanities, and aintains a student-faculty ratio of 11 1 and the Carnegie Foundation A rigorous resider hletics, study abroad, community service, a y, and staff, and fosters lifelong relationshi	d social sciences, including graduate I places an emphasis on excellence ntial college, Puget Sound provides and leadership opportunities Global	programs in education, in teaching Faculty awards a full range of services
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4с	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			_ ,		
4d	Other program serv (Expenses \$	rices (Describe in Schedule O includina) (Revenue \$	0)
4e	Total program serv),791,331 Must equal Part IX, Line		<u> </u>
	i otai piogiaili selvi	icc expenses p IZU	,,,,,,,,, inusi Equal Fail 11/, Lille	. Lo, coluinii (D).	

art IV	Checklist o	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal	1				
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	3,798			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	4-	V	
-	gaming (gambling) winnings to prize winners?	i ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return		2,817			
b	If at least one is reported in 2a, did the organization file all required federal employ Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the	ment t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more duri			3a	Yes	
h	return?	 hedule		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a			טכ	162	
-1 a	over, a financial account in a foreign country (such as a bank account, securities a account)?	-	•	4a	Yes	
ь	If "Yes," enter the name of the foreign country FR					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Financial Accounts.	Report o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dui	rıng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	d tax sl	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exem</i>	nt Enti	ty Regarding Prohibited			
Ī	Tax Shelter Transaction?		· · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible? \cdot			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?	that su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	which it was required to	_		
	file Form 8282?	 I		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
_	year?					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds					
a	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n? .		9b		
10	Section 501(c)(7) organizations. Enter	۔ ا	ı			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10a 10b				
U	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu (of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $processes$, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 30							
b	Enter the number of voting members that are independent 1b 29							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No				
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA, MI, MO, WA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Associate VP/Controller 1500 N Warner St CMB 1075 Tacoma, WA 984161075 (253) 879-8620

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		ition that			all			(E)	(F)
(A) Name and Title per week	rs 문화 대표 및 무료 및 무				Reportable compensation	Estimated amount of other compensation from the organization and related organizations			
		_	-	-		-			
			1			+			
			 			1			
			t		1				
			_	_		_			
		-	_	_		-			
	_	1	+	1		+			
		_	+-	\vdash	 	+			
		+	1			1			
b Total						►	2,349,258	3	498,312

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►36

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Sellen Construction Co PO Box 9970 Seattle, WA 981090970	Construction supplies and services	5,418,333
Mortenson Construction 14719 NE 29th Place Bellevue, WA 98007	Construction supplies and services	1,461,877
Sierra Construction Company 19900 144th Ave NE Woodinville, WA 98072	Construction supplies and services	3,633,326
Mountain Construction Inc 7457 S Madison Street Tacoma, WA 98409	Construction supplies and services	1,098,870
F S & GS Services Inc 16214 57th Ave E Suite A Puyallup, WA 98375	Abatement services	914,408
2 Total number of independent contractors (including those in 1) who rec	,	65

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1	a 0				,,
Contributions, gifts, grants and other similar amounts	b	Membership dues 1					
ge Tot	с	Fundraising events	14,616				
ĭfts, ıraı	d	1. Related organizations 10	_				
s, g mija	e	Government grants (contributions)	•				
iion r si	f	All other contributions, gifts, grants, and	11,206,334				
ibu		similar amounts not included above					
onti nd c	g	Noncash contributions included i lines 1a-1f \$556,234					
O 48	h	Total (Add lines 1a-1f)		13,310,062			
			Business Code				
enue	2a	Education	611,310	114,136,822	114,136,822	0	0
-Be-Ve	ь		_				
193	С.		_				
Yer vi	d		-				
i Lue	e f	All other program service revenu		0	0	0	
Program Service Revenue	-		_	0		0	
	g	Total. Add lines 2a-2f					
	3	Investment income (including div		E 004 E44		0	5,801,514
		other similar amounts)	▶	5,801,514	0	Ů	5,801,514
	4	Income from investment of tax-exempt	bond proceeds	0	0	0	0
	5	Royalties		0	0	0	0
	6a	(ı) Real Gross Rents					
	ь	Less rental 0	0				
	c	Rental income 0	0				
	d	or (loss) Net rental income or (loss)		0	o	0	0
		(ı) Securities	(II) O ther				
	7a	Gross amount 27,589,528 from sales of assets other than inventory					
	ь	Less cost or 26,602,523 other basis and	484,668				
	c	sales expenses Gain or (loss) 987,005	-6,584				
	d	Net gain or (loss)		980,421	0	0	980,421
	8a	Gross income from fundraising	i 				
Other Revenue	ь	events (not including \$ 13,927 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	11,010				
Ě	c	Net income or (loss) from fundrais	,	-7,381	0	0	-7,381
,	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000	1,590				
	ь	Less direct expenses!	2,811				
	С	Net income or (loss) from gaming	activities F	-1,221	0	0	-1,221
	10a	Gross sales of inventory, less returns and allowances .	1				
	b	Less cost of goods sold I					
	С	Net income or (loss) from sales o					
	11a	Miscellaneous Revenue Loss other endow invstmnts	Business Code 611,310	-7,626,805	0	0	-7,626,805
	b	Loss other endow invstmits	900,000		0	-401,501	0
	С	Gain on insurance recovery	611,310	230,805	0	0	230,805
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g,	\$ -7,797,501 3, 4, 5, 6d, 7d,	126,422,716	114,136,822	-401,501	-622,667
		8c, 9c, 10c, and 11e					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	30,570,613	30,570,613		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	937,258	937,258		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,056,604	497,918	1,220,860	337,826
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	69,745	53,337	16,408	0
7	Other salaries and wages	45,422,888	37,837,775	16,408	1,400,763
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,529,651	3,793,544	624,445	111,662
9	Other employee benefits	6,376,334	5,067,879	1,100,281	208,174
10	Payroll taxes	3,230,612	2,530,806	582,219	117,587
11	Fees for services (non-employees)	, ,	, ,	,	,
а	Management	0	0	0	0
b	Legal	143,200	403	142,797	0
c	Accounting	135,573	0	135,573	0
d	Lobbying	242	0	242	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	2,327,794	0	2,327,794	0
g	Other	3,515,197	2,336,261	1,135,813	43,123
12	Advertising and promotion	1,697,994	960,347	559,068	178,579
13	Office expenses	3,160,039	2,679,076	362,970	117,993
14	Information technology	956,943	833,077	98,329	25,537
15	Royalties	28,093	15,331	12,762	0
16	Occupancy	4,154,710	1,791,860	2,360,949	1,901
17	Travel	2,274,168	1,942,848	234,603	96,717
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	247,761	202,997	31,861	12,903
20	Interest	2,747,406	2,634,443	75,444	37,519
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	10,196,314	9,117,957	966,665	111,692
23	Insurance	564,476	15,007	549,469	0
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Allocation of plant O &M	0	9,056,657	-9,141,153	84,496
b	Goods purchased for resale	4,637,252	4,637,252	0	0
c	Study abroad program expenses	3,094,876	3,094,876	0	0
d	Membership dues	261,274	99,460	157,384	4,430
f	All other expenses	157,180	84,349	72,820	11
25	Total functional expenses. Add lines 1 through 24f	133,494,197	120,791,331	9,811,953	2,890,913
26	Joint Costs. Check ir if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X	Balance	Sheet
	Dalalice	SHEEL

Cash—non-interest-bearing S3,32.86 1							(A) Beginning of year		(B) End of year
3 Pledges and grants receivable, net 17,199,514 3 3 4 Accounts receivable, net 1,1095,492 4 5 Receivables from current and former officers, directors, trustees, key employees or other related parties. Complete Part II of Schedule L 6 Receivables from other disqualified persone (as defined under section 4958 (f)(1)) and persons described in section 4958 (c)(3)(8). Complete Part II of Schedule L 7 Notes and loans receivable, net 15,996.28 7 Notes and loans receivable, net 791,444 8 1 Inventiories for sale or use 100 67,939,478 147,176,749 100 11 1 Inventiories — 112 100 67,939,478 147,176,749 100 11 1 Inventiories— 112 100 67,939,478 11 1 Inventiories— 112 100 67,939		1	Cash—non-interest-bearing					1	5,422,498
3 Pledges and grants receivable, net		2	Savings and temporary cash investments		53,933,948	2	37,658,178		
4 Accounts receivable, net		3					17,199,514	3	17,755,662
ther related parties. Complete Part II of Schedule L. Receivables from other disqualified persons (as defined under section 4958 (f)(1)) and persons described in section 4958 (c)(3)(6). Complete Part II of Schedule L. Notes and loans receivable, net		4					1,095,492	4	4,931,304
Persons described in section 4958(c)(3)(8) Complete Part II of Schedule L		5				oyees or		5	
8 Inventories for sale or use		6						6	
Prepaid expenses and deferred charges 2.997.168 9		7				•	15,996,283	7	16,417,193
10a		8	Inventories for sale or use			•	731,844	8	684,977
b Less accumulated depreciation Complete Part VI of Schedule D	2	9	Prepaid expenses and deferred charges				2,907,166	9	3,106,409
b Less accumulated depreciation Complete Part VI of Schedule D. 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 Complete Part VI of Schedule D. 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D. 14 Intangible assets 15 Other assets See Part IV, line 11 Complete Part IX of Schedule D. 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow account liability Complete Part IV of Schedule D 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part I for Schedule D 21 Escrow account liabilities 22 Control liabilities Complete Part I of Schedule D 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 27 Unrestricted net assets 27 Unganizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34.	tssei	10a	Land, buildings, and equipment cost basis	10a	I	221.251.379			
11	•	ь	· · · · · · · · · · · · · · · · · · ·			<u> </u>		100	153,311,901
12 Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D. 13 Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D. 14 Intangible assets		, ,		TOB		07,939,470			110,958,946
13 Investments program-related See Part IV, line 11 Complete Part VIII of Schedule D 13 14 14 15 14 15 15 15 15				e .	I of	•			90,371,921
13 14 Intangible assets 14 15 15 16 17 15 15 15 15 15 16 17 18 18 17 18 17 18 18			Schedule D				117,930,410	l .	30,371,921
15 Other assets See Part IV, line 11 Complete Part IX of Schedule D		13		Part VI	11			13	
D 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 495.057.142 16 44 17 Accounts payable and accrued expenses 12.058,943 17 18 Grants payable 18 19 Deferred revenue 1.918.655 19 19.18.655 19.18.655 19 19.18.655 19.18.655 19 19.18.655 19 19.18.655 19 19.18.655 19 19.18.655 1		14	Intangible assets					14	
The second payable and accrued expenses		15			5,550,275		6,140,248		
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)				495,057,142	16	446,759,237
19 Deferred revenue		17	Accounts payable and accrued expenses .				12,058,943	17	13,321,357
20 Tax-exempt bond liabilities		18	Grants payable					18	
21 Escrow account liability Complete Part IV of Schedule D		19	Deferred revenue				1,918,655	19	1,946,644
23 Secured mortgages and notes payable to unrelated third parties	10	20	Tax-exempt bond liabilities				66,420,447	20	65,154,144
23 Secured mortgages and notes payable to unrelated third parties	ě	21	Escrow account liability Complete Part IV of Schedule D				73,239	21	61,523
23 Secured mortgages and notes payable to unrelated third parties	abili	22						1	
24 Unsecured notes and loans payable			persons Complete Part II of Schedule L			22			
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties			23			
26 Total liabilities. Add lines 17 through 25		24				24			
Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25		27,512,937	25	31,105,184			
through 29, and lines 33 and 34. 27 Unrestricted net assets		26					107,984,221	26	111,588,852
29 Permanently restricted net assets	У		•	plet e I	ines 2	7			
29 Permanently restricted net assets	aní	27					271,161,401	27	182,896,983
29 Permanently restricted net assets	<u> </u>	28	Temporarily restricted net assets				27,198,463	28	58,318,462
lines 30 through 34.	됻	29	Permanently restricted net assets		88,713,057	29	93,954,940		
			,	ı					
31 Paid-in or capital surplus, or land, building or equipment fund		30		•				30	
At I = at an an an anti-contract at terms at a dark management and the	set	31	Paid-in or capital surplus, or land, building or equipment fund	•		31			
32 Retained earnings, endowment, accumulated income, or other funds	As	32	Retained earnings, endowment, accumulated income, or other fo			32			
33 Total net assets or fund balances	<u>क</u>	33	Total net assets or fund balances				387,072,921	33	335,170,385
34 Total liabilities and net assets/fund balances	_	34	Total liabilities and net assets/fund balances				495,057,142	34	446,759,237
Part XI Financial Statements and Reporting	Pa	rt_XI	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

THE U		SITY OF PUGET	SOUND						pioyei ide		ii iidiiibei	
								91	-056496	1		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The	organı	zation is not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))				
1	Г	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the										
		hospital's r	name, city, and	state								
5	Γ	An organiza	atıon operated f	for the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral public	
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	s, and gross	
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)	
11	\sqcap	_	=	and operated exclusively fo					•	•	•	
				orted organizations describe						Section 5	09(a)(3). Check	
		the box that describes the type of supporting organization and complete lines 11e through 11h a										
e	Г		• •	rtify that the organization is			, -	•				
_	,	•		agers and other than one or						-	•	
		section 50	9(a)(2)									
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
g		check this		as the organization accepted	dany dift	or contrib	ution from	any of the	,		ı	
9		following pe		as the organization decepte	a any gne	01 001111111111111111111111111111111111	acion nom	uni, or the	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (111) bel	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	following infori	mation about the organizatio	ns the org	janızatıon	supports				_	
		ame of	(ii) EIN	(iii) Type of organization		s the	1	ou notify		s the	(vii) A mount of	
		oorted nization		(described on lines 1-9 above or IRC section	_	ation in listed in		inization i) of your		ation in organized	support?	
	Organ	lization		(See Instructions))		verning	supr	• '		US?		
				(000 10101),		ment?	347	,,,,,	""			
	Yes No Yes No Yes No						1					

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 91-0564961

Name: THE UNIVERSITY OF PUGET SOUND

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C ion (d hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Carl G Behnke , Board Member	2 00	Х						0	0	0
Richard M Brooks '82 , Board Vice Chair	2 00	Х		Х				0	0	0
William M Canfield '76 P'08 , Board Member	2 00	Χ						0	0	0
Marvin H Caruthers P'02 , Board Member	2 00	Х						0	0	0
Bradbury F Cheney '82 , Board Member	2 00	X						0	0	0
Lowell Daun '68 , Board Member	2 00	Х						0	0	0
Randolph C Foster '74 , Board Member	2 00	Х						0	0	0
Frederick W Grimm '78 , Board Member	2 00	Х						0	0	0
Justın L Jaschke '80 , Board Member	2 00	Х						0	0	0
Matthew M Kelleher '79 , Board Member	2 00	Х						0	0	0
Thomas E Leavitt '71 JD '75 P'09 , Board Member	2 00	Х						0	0	0
Eric Lindgren , Board Member	2 00	Х						0	0	0
George E Matelich '78 , Board Treasurer	2 00	Χ		Х				0	0	0
Janeen Solie McAninch '77 P'06 , Board Member	2 00	Х						0	0	0
William D McCormick P'97 , Board Member	2 00	Х						0	0	0
Kenneth C McGill '61 , Board Member	2 00	Х						0	0	0
William C Nelson '69 , Board Member	2 00	Х						0	0	0
Jıll T Nıshı '89 , Board Member	2 00	Х						0	0	0
Deanna W Oppenheimer '80 P'11 , Board Chair	2 00	X		х				0	0	0
Wade H Perrow '73 P'02 , Board Member	2 00	Х						0	0	0
John C Pierce '65 P'94 P'97 , Board Member	2 00	X						0	0	0
Robert C Pohlad P'07 , Board Member	2 00	Х						0	0	0
Allan D Sapp '78 P'10 , Board Member	2 00	Х						0	0	0
Robert T Shishido '72 P'09 , Board Member	2 00	X						0	0	0
Gillian Neukom Toledo '94 , Board Member	2 00	Х						0	0	0
Peter K Wallerich P'77 , Board Vice Chair	2 00	Х		х				0	0	0
William T Weyerhaeuser , Board Member	2 00	Х						0	0	0
John A Whalley '64 , Board Member	2 00	Х						0	0	0
Kenneth W Willman '82 , Board Member	2 00	Χ						0	0	0
Ronald R Thomas , President & Trustee	40 00	Χ		Х				373,506	0	145,544

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	1										
		(C) Position (check all that apply)				 			(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Kristine M Bartanen , Academic VP and Dean	40 00			х				188,328	0	33,893	
David R Beers , VP for University Relations	40 00			х				197,357	0	72,818	
Mary Elizabeth Collins , Executive Assistant	40 00			x				82,436	0	16,296	
Katherine W Davis , AVP for Treasury	40 00			Х				98,964	0	17,580	
Janet S Hallman , Controller	40 00			Х				101,577	0	18,132	
George H Mills Jr , VP for Enrollment	40 00			Х				167,316	0	25,228	
Sherry B Mondou , VP for Finance and Admin	40 00			х				207,613	0	42,049	
J Mıchael Segawa , Dean of Students	40 00			Х				127,375	0	20,469	
Julı McGruder , Professor	40 00					Х		211,126	0	4,523	
John Hickey , AVP Business Servs	40 00					Х		139,548	0	18,718	
Molly Tamarkın , Chief Technology Officer	40 00					Х		123,128	0	19,640	
Mott Greene , Professor	40 00					Х		115,006	0	20,546	
James McCullough , Professor	40 00					Х		113,355	0	19,719	
Kathleen Hummel-Berry , Professor- former Highly Comp	40 00						х	102,623	0	23,157	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

If the organization answere • Section 501(c)(4), (5), or (6)	ed "Yes," to Form 990, Part IV, Line organizations complete Part III	5 (Proxy Tax)		
Name of the organization THE UNIVERSITY OF PUGET SOUND			Employer iden 91-0564961	tification number
	ted by all organizations exers. (See the instructions for Sched			527
1 Provide a description of	the organization's direct and indirect	political campaign acti	ivities in Part IV	
2 Political expenditures				\$
3 Volunteer hours				
Part I-B To be comple for Schedule C	ted by all organizations exer for details.)	mpt under section	501(c)(3). (See the	instructions
1 Enter the amount of any	excise tax incurred by the organization	on under section 4955		\$
2 Enter the amount of any	excise tax incurred by organization m	nanagers under section	14955	\$
3 If the organization incur	red in a section 4955 tax, did it file Fo	orm 4720 for this year	?	┌ Yes ┌ No
4a Was a correction made?				┌ Yes ┌ No
b If "Yes," describe in Pai				
	ted by all organizations exer ctions for Schedule C for details.		1 501(c), except sect	ion 501(c)(3).
1 Enter the amount direct	ly expended by the filing organization	for section 527 exemp	t function activities	\$
2 Enter the amount of the 527 exempt funtion acti	filing organization's internal funds con vities	itributed to other orgar	nizations for section	\$
Total of direct and indirect 1120-POL, line 17b	ect exempt function expenditures Add	l lines 1 and 2 and ento	er here and on Form	\$
4 Did the filing organization	on file Form 1120-POL for this year?			┌ Yes ┌ No
were made Enter the an political contributions re	sses and Employer Identification Num nount paid and indicate if the amount v eceived and promptly and directly deli litical action committee (PAC) If addi	vas paid from the filing vered to a separate po	organization's own interna litical organization, such a	l funds or were s a separate
(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	Notice con the instructions for Form	OO Cat No EO		Form 000 or 000 E7) 2009

section 4911 tax for this year?

┌ Yes ┌ No

	,			
P		organizations exempt under section 501(c)		68
	(election under sec	tion 501(h)). (See the instructions for Schedule	C for details.)	
		belongs to an affiliated group		
В	Check If the filing organization	checked box A and "limited control" provisions apply		
		obying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	242	
c	Total lobbying expenditures (add line	242		
d	Other exempt purpose expenditures	133,493,955		
е	Total exempt purpose expenditures	133,494,197		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	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		
	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		
	Craceraste pontavable amount (anta	r 35% of line 15	350,000	
_	Grassroots nontaxable amount (ente	,	250,000	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a	0	
i	Subtract line 1f from line 1c Enter -)- If line fis more than line c	lo	

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 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
b 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
c	Total lobbying expenditures	222	228	235	242	927			
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000			
e 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000			
f	Grassroots lobbying expenditures	0	0	0	0	0			

	rt II-B To be completed by organizations exempt under section 501(c)(3) that h			ed F		ige J
	5768 (election under section 501(h)). (See the instructions for Schedule C for		S.) a)		(b)	
		Yes	No	А	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	V olunteers?					
b	Paid staff or management (include compensation in expenses reported on lines c through i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
Ь	If "Yes" enter the amount of any tax incurred under section 4912					
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). (See the instructions for Schedule C for details.)	ction	501(0	(5)), or	
_			_	_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		-	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		<u> </u>		<u> </u>	
ч а [t III-B To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OR if				
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	' [
а	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total		2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic		4.4			
_	expenditure next year?	-	4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2A_S00_L01c	Schedule C, Part II-A, Line 1c	In addition to the lobbying amounts reported, the university paid \$136,478 in membership dues to organizations that may have preformed lobbying activities on behalf of its membership. These organizations are 501(c)(3) organizations which are exempt under section 6033(e) from having to report to its membership the portion of dues that are allocable to political or lobbying activities. As such, the university does not have this information available to report on this return.

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

DLN: 93493131010480

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	ne of the organization UNIVERSITY OF PUGET SOUND		Employer identificat	ion numbe	er
IUC	ONTALESTIT OF LOGIT SOOND		91-0564961		
Pa	t I Organizations Maintaining Donor A			Complet	e if the
	organization answered "Yes" to Form 99	T .	/L>=		
_	Takal assault and affirm	(a) Donor advised funds	(b) Funds and otl	ner accou	nts ———
1	Total number at end of year				
2 3	Aggregate Contributions to (during year) Aggregate Grants from (during year)				
3 4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	organization's exclusive legal control?		☐ Yes	☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		•	┌ Yes	┌ No
Pai	t II Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the o		,		
	Preservation of land for public use (e g , recreat	ion or pleasure) Preservation of an	historically importantly	/ land are	а
	Protection of natural habitat	Preservation of ce	rtified historic structure	e	
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	lified conservation contribution in the form	of a conservation ease	ment	
			Held at t	he End of	the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	ts	2b		
c	Number of conservation easements on a certified h	ıstorıc structure ıncluded ın (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization d	urıng	
	the taxable year 🕨				
4	Number of states where property subject to conserv	ation easement is located ►			
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ations, and	☐ Yes	┌ No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►		
7	A mount of expenses incurred in monitoring, inspecti	ing, and enforcing easements during the ye	ear ► \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organization's financial			
Par	Complete if the organization answered		or Other Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	l for public exhibition, education or researc	ch in furtherance of pub		·,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in			
	(i) Revenues included in Form 990, Part VIII, line 1	ı	► \$		0
	(ii) Assets included in Form 990, Part X		F -\$	4 (53,637
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide	e the	
а	Revenues included in Form 990, Part VIII, line 1		► \$		0
b	Assets included in Form 990, Part X		► \$		0

<u>'ar</u>	Organizations Maintaining Colle	<u>ections of Art,</u>	Histo	rica	<u>I Tre</u>	eası	ures, or Ot	<u>the</u>	r Similar	Asse	ets (co	ntınued)
3	Using the organization's accession and other ritems (check all that apply)	ecords, check any	of the fo	ollow	ıng th	nat ai	re a significa	nt u	se of its co	llectio	n	
а	▼ Public exhibition		d 🔽	L	oan o	rexc	:hange progra	ams				
b	Scholarly research		e 🔽	· 0	ther	Tead	ching materia	alar	d curricula	to K-1	. 2	
С	▼ Preservation for future generations											
4	Provide a description of the organization's colle Part XIV	ections and explair	n how th	iey fu	ırther	the	organization'	s ex	empt purpo	se in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to								ılar	Г	Yes	√ No
Pai	t IV Trust, Escrow and Custodial Ar						anızatıon ar	ารพ	ered "Yes	" to Fo	orm 9	90,
	Part IV, line 9, or reported an amo	unt on Form 990), Part	X, lı	<u>ne 2</u>	1						
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermed	lary for	cont	tributi	ions	or other asse	ets i	not	Г	Yes	√ No
b	If "Yes," explain why in Part XIV and complete	the following table					_					
										A mou	ınt	
С	Beginning balance						<u> </u>	1c				
d	Additions during the year							1d				
е	Distributions during the year						<u> </u> :	1e				
f	Ending balance						:	1f				
2a	Did the organization include an amount on Form	n 990, Part X, line	21?							굣	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete if t											
	P	(a)Current Year 244,480,093	(b) Pri	or Yea	ar	(c)T	wo Years Back	(d)	Three Years E	ack (e)Four Ye	ears Back
la L	Beginning of year balance	6,736,634										
b	Contributions	-42,356,476										
C C	Investment earnings or losses	4,945,674										
d e	Other expenditures for facilities	6,005,976										
-	and programs	3,333,313										
f	Administrative expenses	2,403,208										
g	End of year balance	195,505,393										
2	Provide the estimated percentage of the year e	end balance held as	;									
а	Board designated or quasi-endowment 🕨	39 7 %										
Ь	Permanent endowment 🕨 602%											
c	Term endowment ► 01%											
3a	Are there endowment funds not in the possess	ion of the organizat	ion tha	t are	held	and a	admınıstered	for	the			
	organization by								ı	2-/:\	Yes	No
	(i) unrelated organizations			• •	•	•		•		3a(i) 3a(ii)	Yes	
b	(ii) related organizations							•		3b	1 163	
1	Describe in Part XIV the intended uses of the	·									<u> </u>	
Par	rt VI Investments—Land, Buildings,					0. P	art X. line 1	10.				
	Description of investment		(a	a) Cos	st or ot ivestm	her :	(b)Cost or oth basis (other)	er	(c) Depreca	ation	(d) Boo	ok value
La	Land				1,188	,367	10,464,	139			1	1,652,506
b	Buildings				1,050		175,443,		55,18	7,850 –		1,306,030
	Leasehold improvements		.			0	<u> </u>	0	<u>-</u>	0		, ,
d	Equipment		.			0	20,947,	329	10,85	3,146	1	0,094,183
e	Other					0	12,157,0	664	1,89	8,482	1	0,259,182

153,311,901

Part VIII Investments—Other Securities. S	ee Form 990, Part X, line 12.		
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value	.
Financial derivatives and other financial products		Cost of the of year market value	•
Closely-held equity interests			
Other Endowment hedge funds	47,574,509		F
Other Endowment private equity	15,298,216		 F
Other Endowment private real estate LPs & REITs	10,665,510		<u>'</u>
Other Endowment natural resources LPs	9,085,427		
Other Endowment trusts with external trustees	1,572,282		<u>'</u> F
Other Investment in subsidiary			
Other Investment in subsidiary	6,175,977		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	90,371,921		
Part VIII Investments—Program Related.	See Form 990. Part X. line 13.		
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	2
_			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X	, line 15.		
(a) Des	cription	(b) Book valu	ıe
Assets restricted for investment in campus facilities			5,000,425
Beneficial interest in outside trusts			1,139,823
Total. (Column (b) should equal Form 990, Part X, col.(B) II	ne 15.)		6,140,248
Part X Other Liabilities. See Form 990, Pa	rt X, line 25.	·	
(a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Goverment advances for student loans	13,899,468		
Deferred unrealized loss interest rate swaps	8,560,921		
Asset retirement obligations	5,354,904		
Split interest agreement liabilities	3,064,276		
Capital lease obligations	225,615		
	,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 31,105,184		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	126,422,716
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	133,494,197
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-7,071,481
4	Net unrealized gains (losses) on investments	4	-39,002,282
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-7,008,970
9	Total adjustments (net) Add lines 4 - 8	9	-46,011,252
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-53,082,733
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial	_	108,462,221
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b			
c d	Keesveries of prior year grants		
	Other (Describe in Part XIV)	7.	-31,265,822
е 3	Subtract line 2e from line 1	2e 3	139,728,043
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		139,728,043
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
u b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-13,305,327
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	126,422,716
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	_	· · ·
1	Total expenses and losses per audited financial statements	1	161,544,954
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	59,236,641
3	Subtract line 2e from line 1	3	102,308,313
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	31,185,884
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	133,494,197
Par	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier Return Reference Explanation

Employer identification number

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

THE UNIVERSITY OF PUGET SOUND 91-0564961 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes The university publishes its racially nondiscriminatory policy toward students annually in a newspaper under quidelines set forth in Rev Proc 75-50, 1975-2 C B 587 Section 4 03 The university also includes this nondiscriminatory statement in publications dealing with student admissions, programs, and scholarships Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4h Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🧈 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Name of the organization THE UNIVERSITY OF PUGET SOUND **Employer identification number**

91-0564961

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

- For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award √ Yes No
- For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Activites per Region (U	se Schedule F-1	(FUITH 990) II aud	intional space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
East Asia and the Pacific	0	0	Grantmakıng		276,810
Europe (including Iceland and Greenland)	0	0	Grantmakıng		381,263
South America	0	0	Grantmakıng	Student financial aid grants	66,140
South Asia	0	0	Grantmakıng		213,045
Europe (including Iceland and Greenland)	1	1	Program Services	Study abroad program	215,322
East Asia and the Pacific	0	0	Program Services	Study abroad program	321,108
South Asia	0	0	Program Services	Study abroad program	189,893
East Asia and the Pacific	0	0	Program Services	Short-term study abroad	50,071
East Asia and the Pacific	0	0	Program Services	Faculty travel to conferences and professional meetings	18,496
Europe (including Iceland and Greenland)	0	0	Program Services	Faculty travel to conferences and professional meetings	14,110
Middle East and North Africa	0	0	Program Services	Faculty travel to conferences and professional meetings	1,570
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Faculty travel to conferences and professional meetings	5,171
South America	0	0	Program Services	Faculty travel to conferences and professional meetings	6,280
South Asia	0	0	Program Services	Faculty travel to conferences and professional meetings	1,570
Sub-Saharan Africa	0	0	Program Services	Faculty travel to conferences and professional meetings	1,570
Central America and the Caribbean				Investments	0
Totals ▶	1	1			1,762,419
For Paperwork Reduction Act No	tice, see the instru	uctions for Form 9	90. Cat No!	50082W S	chedule F (Form 990) 2008

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

	<u> </u>	andioman opace	10 110000				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Financial aid grants posted to each student's Puget Sound account when students were studying abroad that term	East Asia and the Pacific	37	·	Aid posted to student account held at the university	0	N/A	N/A
3	Europe (including Iceland and Greenland)	46	·	Aid posted to student account held at the university	0	N/A	N/A
Financial aid grants posted to each student's Puget Sound account when students were studying abroad that term	South America	10		Aid posted to student account held at the university	0	N/A	N/A
Financial aid grants posted to each student's Puget Sound account when students were studying abroad that term	South Asia	27	,	Aid posted to student account held at the university	0	N/A	N/A
	<u> </u>				L		1 5 (5 000) 2000

Part IV	Supplemental Information Complete this part to		in Part I, line 2, and any other additional information.
	Identifier	ReturnReference	Explanation
SchF_P01_		Schedule F, Part I, Line 2	Student financial aid grants - All students seeking need based financial assistance are required to complete the FAFSA Eligibility, or need, is determined through federal methodology and resulting Expected Family Contribution as set against standard cost of attendance. Need based aid is awarded based on federal and/or state eligibility requirements and institutional aid is awarded according to institutional policy. Amounts of aid awarded are in compliance with governing regulations or institutional policy. In compliance with Title IV regulations, total aid from all sources cannot exceed need or the annual cost of attendance, whichever is less. Institutional policy prohibits institutional aid from exceeding the total cost of tuition, regardless of the level of need. Aid awards are posted to student accounts as an offset to semester charges. Institutional policy prohibits the release or refund of aid to students unless total charges for the semester have been paid.
SchF_P01_	_S00_L03	Schedule F, Part I, Line 3	The university's financial statements are accounted for on an accrual basis of accounting. As such, the expenditures reported by region in column (f) are accounted for on an accrual basis and do not include expenditures that were accrued in a prior reporting period. Under the university's current accounting procedures, expenses associated with certain activities outside the United States are not separately tracked and are therefore not included in column (f)

Software ID: 08000095

Software Version: v1.00

EIN: 91-0564961

Name: THE UNIVERSITY OF PUGET SOUND

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
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SCHEDULE G

(Form 990 or 990-EZ)

As Filed Data -

Supplemental Information Regarding

Fundraising or Gaming Activities

DLN: 93493131010480

OMB No 1545-0047

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, Department of the Treasury lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service

Open to Public

internal Nevenue Service						Inspection	
Name of the organization					Employer ider	tification number	
THE UNIVERSITY OF PUGET S	SOUND				91-0564961		
Funduciaina An		C Ll					
Part I Fundraising Ac	tivities. Complet	e ir the oi	rganizat	ion answered "Yes"	to Form 990, Part IV	, iine 17.	
1 Indicate whether the organ	nızatıon raısed funds	through a	ny of the	following activities Ch	eck all that apply		
a Mail solicitations				e Solicitation of	non-government grants		
b Email solicitations				·	government grants		
c Phone solicitations				g Special fundrai	sing events		
d In-person solicitations	5						
2a Did the organization have or key employees listed in	Form 990, Part VII) or entity	ın conne	ction with professional f	fundraising activities?	Г Yes Г N	
b If "Yes," list the ten higher to be compensated at leas							
		(iii)					
(i) Name of individual		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to	
or entity (fundraiser)	I (III) A ctivity					(or retained by)	
						organization	
		Yes	No				
Total		1	<u> </u>				
			-	·		ı	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Components than \$15,000 on Form	olete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rece	Form 990, Part IV, lir eipts greater than \$5,	ne 18, or 000.	report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) ⊤o	tal Eve	
			Auction	Golf Tournament	0	(Add col	(a) th	rough
			(event type)	(event type)	(total number)			
RUE	1	Gross receipts	7,728	20,815			28	8,543
Revenue	2	Less Charitable contributions	3,996	10,620			14	4,616
	3	Gross revenue (line 1 minus line 2)	3,732	10,195			1	3,927
	4	Cash Prizes	0	0				0
Direct Expenses	5	Non-cash Prizes	2,197	4,363			-	6,560
peni	6	Rent/Facility costs	0	8,640				8,640
ă ĸ	7	Other direct expenses	569	5,539			(6,108
)Tek	8	Direct expense summary Add line	es 4 through 7 in column	(d)			2	1,308
	9	Net income summary Combine lin	_		🛌		- '	7,381
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
œ	1	Gross revenue						
လ	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
ណ ស្គ	4	Rent/facility costs						
<u></u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	│ Yes			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9	Ent	er the state(s) in which the organiza	tion operates gaming act	civities			Yes	No
а		he organization licensed to operate			 .	· 9a		
b	If"	No," Explain						
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							
b		Yes," Explain		aca or terminates saring	the tax year	10a		
11		es the organization operate gaming a				11	<u> </u>	<u> </u>
12		he organization a grantor, beneficiar ned to administer charitable gaming				. 12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •	-	
	Address •	-	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name Name		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493131010480

Department of the Treasury Internal Revenue Service Name of the organization

THE UNIVERSITY OF PUGET SOUND

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

THE ONLY ENSITY OF TOGET	300110					91-0564961	
Part I General Infor	mation on Gra	nts and Assistance	e			•	
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	ed to award the gra	ints or assistance?					▼ Yes
Form 990, Part Part IV and Sch	IV, line 21 for a ledule I-1 if add	ny recipient that reci itional space is	eived more than \$5,0	000. Check this box	tes. Complete if the confirmation one recipient rec	ceived more than \$5,	d "Yes" on 000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of seconganizations3 Enter total number of oth					·		
For Paperwork Reduction Act No				Cat No 50055			hedule I (Form 990) 2008

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Student financial aid grants	2183	30,265,741	0	N/A	N/A
Student research grants	149	233,726	0	N/A	N/A
Faculty research grants	27	23,581	0	N/A	N/A
Other student grants & assist	253	57,406	0	N/A	N/A

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

See Additiona	Data	Table
---------------	------	-------

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Student Financial Aid Grants - All students seeking need based financial assistance are required to complete the FAFSA Eligibility, or need, is determined through federal methodology and resulting Expected Family Contribution as set against standard cost of attendance. Need based aid is awarded based on federal and/or state eligibility requirements and institutional aid is awarded according to institutional policy. Amounts of aid awarded are in compliance with governing regulations or institutional policy. In compliance with Title IV regulations, total aid from all sources cannot exceed need or the annual cost of attendance, whichever is less. Institutional policy prohibits institutional aid from exceeding the total cost of tuition, regardless of the level of need. Aid awards are posted to student accounts as an offset to semester charges. Institutional policy prohibits the release or refund of aid to students unless total charges for the semester have been paid. Research Grants - Research grants awarded to students and faculty are made in accordance with established written criteria and eligibility guidelines. Proposal applications are reviewed and awards are granted based on to the quality, feasibility and merits of the research proposed. Student grant awards are generally paid by check and faculty grant awards are transferred to an institutional account from which funds are paid in reimbursement of actual expenditures which must be substantiated. All research grants require a final report and faculty research grants additionally require a financial accounting. Other Student Grants and Allocations - This include awards, prizes and other payments to students in recognition of academic and leadership achievements.

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As Filed Data -

DLN: 93493131010480

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008

> Open to Public Inspection

Name of the organization THE UNIVERSITY OF PUGET SOUND **Employer identification number**

91-0564961

Pa	rt I Questions Regarding Compensatio	n			_	
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		,			
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b	Yes	
2	Did the organization require substantiation prior to i					
	officers, directors, trustees, and the CEO/Executive	Direct	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the		·			
	✓ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control [payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o		,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			R		N o

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Kristine M Bartanen	(ı) (ıı)	186,600 0	0	1,728 0	28,613 0	6,257 0	223,198 0	109,632 0	
David R Beers	(1) (11)	196,682 0	0	675 0	35,098 0	38,718 0	271,173 0	110,448 0	
George H Mills Jr	(ı) (ıı)	166,230 0	0	1,086 0	19,948 0	6,178 0	193,442 0	94,296 0	
Sherry B Mondou	(ı) (ıı)	206,938 0	0	675 0	36,769 0	6,318 0	250,700 0	118,670 0	
Ronald R Thomas	(ı) (ıı)	366,891 0	0	6,615 0	140,264 0	15,531 0	529,301 0	211,802 0	
Juli McGruder	(ı) (ıı)	0	0	211,126 0	0 0	4,523 0	215,649 0	211,126 0	
John Hickey	(1) (11)	139,180 0	0	368 0	16,893 0	2,532 0	158,973 0	78,898 0	
Kathleen Hummel-Berry	(ı) (ıı)	102,623 0	0	0 0	17,877 0	5,819 0	126,319 0	62,044 0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L01a	Part I, Line 1a	First-class or charter travel. The president is the only position reported in Form 990, Part VII for which the university paid or reimbursed business- or first-class travel. The university did not utilize chartered flights for air travel. Extensive travel is required of the position of president and s/he is encouraged by the Board of Trustees to travel business or first class on flights of two hours or more. This provision is made for several reasons. (1) business or first-class travel allows for the most flexibility to accommodate a travel schedule that must frequently be altered, often at the last minute to accommodate donors' schedules, add critical meetings, or to take advantage of other strategic opportunities for the university, (2) circumstances sometimes call for the president to return to campus without notice, or to remain on campus when a trip was planned, and first or business-class travel best accommodates these changing conditions, and (3) the Board of Trustees wishes the president to be at his or her best performance representing and seeking funding for the university during often grueling travel itineraries for meetings frequently critical to the institution's well-being. Housing allowance or residence for personal use. The president is required to live on campus in the university-owned president's residence where he regularly holds university events. Because the president accepts this requirement as a condition of employment, the residence is on university premises, and it is provided for the convenience of the university, under IRS rules it is not taxable to the president. As required by IRS Form 990 instructions, the value of the portion of the residence used by the president for living quarters has been estimated and is included in the amounts reported in Form 990, Part VII, Column F, and in Form 990, Part VII receives a housing allowance.
	Schedule J, Part I, Line 4	Line 4b Persons who participated in a supplemental nonqualified retirement plan, including a reasonable estimate of their potential share of the increase in actuarial value of the faculty early retirement and career change plan and the postretirement medical plan Ronald R Thomas (\$112,364), Sherry B Mondou (\$10,765), David R Beers (\$10,848), Kristine M Bartanen (\$5,210), Mott Greene (\$920), and Kathleen Hummel-Berry (\$5,580) Person who received payment from a supplemental nonqualified retirement plan Juli McGruder (\$215,649)
	<u> </u> !	

DLN: 93493131010480

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Supplemental Information on Tax Exempt Bonds

Open to Public Inspect ion

Name of the organization **Employer identification number** THE UNIVERSITY OF PUGET SOUND 91-0564961 **Bond Issues** (Required for 2008) (h) O n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No Washington Higher Education To advance refund outstanding Facilities Authority (WHEFA) 91-1306482 939781WT3 06-30-2006 22,360,966 Χ Χ WHEFA revenue bonds Washington Higher Education Finance the construction and Facilities Authority (WHEFA) 91-1306482 939781WU0 06-30-2006 30,000,000 Х Χ renovation of campus facilities **Proceeds** (Optional for 2008) В С D Ε Α Total Proceeds of Issue Gross Proceeds in Reserve Funds 2 Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 Year of Substantial Completion Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds? Private Business Use (Optional for 2008) Part III В C D Ε Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, 1 which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property 2 which may result in private business use?

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization THE UNIVERSITY OF PUGET SOUND					E	mploy	er ide	nt if ica	tion n	umber	
THE UNIVERSITY OF FORET SOOND					9:	1-056	5496:	1			
Part I Excess Benefit Transac	tions (s	ection 501(c)(3) and section 50:	1 (c)(4							
To be completed by organizati	ons that a	nswered "Ye	s" on Form 990, Part IV	/, line 2	25a or 25b	o, or F	orm 9	90-EZ	Z, Part	V , lıne	40b
1 (a) Name of disqualifie	ed person		(b) Des	crintio	n of transa	action			<u>(</u>	c) Corr	ected [*]
			(=, = ==							Yes	No
2 Entantha amazunt aftau umanaad an	*b										
2 Enter the amount of tax imposed on section 4958	_		gers or disqualified pers	sons a	aring the y	earu •••	naer F	\$			
3 Enter the amount of tax, if any, on li	ne 2, abov	ve, reimburse	d by the organization .				•	\$			
Part II Loans to and/or Fron		•						<u> </u>			
To be completed by organiz				IV, lın	e 26, or Fo	orm 9	90-E	Z, Part	V, line	e 38a	
	(b) Loa	n to or							(f)		
(a) Name of interested person and	from		(c)O riginal principal	(4)B-	lamaa da	l		roved	rd or agreement		
purpose	organız	ation?	amount	(a)ba	ance due def		committe				
	То	From				Yes	No	Yes	No	Yes	No
									-		
otal							<u> </u>				
Part III Grants or Assistance I			•								
To be completed by orga				990, Pa	art IV, lır	ne 27					
(a) Name of interested person			p between interested pe					nt or ti	ne of	assista	nco
					(C)^\	ount (Ji yia	iii Oi ty	pe or a	a	1100
		and	the organization								
		and	the organization								
		and	the organization								
		and	the organization								

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?		
	organization			Yes	No	
Nancy Beers	Family member of nontrustee officer employed by the university as Admission Receptionist	34,619	Compensation		No	

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization THE UNIVERSITY OF PUGET SOUND **Employer identification number**

91-0564961 Part I Types of Property (a) (b) (c) (d) Method of determining Check Number of Contributions Revenues reported on Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art-Works of art . . . 2 Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . . Intellectual property . . 20 518,858 Market Value Securities—Publicly traded . Χ 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . Qualified conservation contribution (historic structures) 14 Qualified conservation contribution (other) . . Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts 23 Scientific specimens . . Archeological artifacts . . Equipment 19,362 Estimated FMV Х Other (describe and supplies) Χ 31 17,401 Value of certificate Other (describe Certificates) 27 Other (describe Event/admission Χ 11 613 Value of tickets tickets 28 Other (describe Number of Forms 8283 received by the organization during the tax year for contributions for 29 0 which the organization completed Form 8283, Part IV, Donee Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes No 30a **b** If "Yes", describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Yes **b** If "Yes", describe in Part II

checked, describe in Part II

If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Schedule M , Part I SchM P01 S00 L00 Column B The number of contributions represents a combination of the number of items received and the number of contributions received. For publicly traded securities, the number represents leach gift of stock and not the number of shares received SchM P01 S00 L32b Schedule M, Part I, Line 32b The university utilizes third parties, such as brokers, auctioneers, or dealers, to assist in cost-effective liquidation of gifts of securities and real and tangible property, as appropriate, and to maximize the net gift received. The university has no related organizations that perform this function

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Supplemental Information to Form 990

Name of the organization
THE UNIVERSITY OF PUGET SOUND

Employer identification number

91-0564961

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	The preparation and review process for The University of Puget Sound's Form 990 and required schedules is designed to produce a complete and accurate return filed on time with the IRS. The Form 990 and required schedules are prepared by qualified staff from audited financial statement data or from data provided by university personnel responsible for preparing or maintaining such information. The Form 990 and required schedules are subjected to four levels of review before they are filed with the IRS. Two non-trustee financial officers (the controller, who is a CPA, and the chief financial officer) review the form and required schedules against supporting source documentation. As required by Washington State Charitable Solicitation regulations, an independent external CPA also reviews the form and required schedules based on the level of review required by Washington state. The Form 990 and required schedules, along with interpretive commentary prepared by non-trustee financial officers, are provided to each voting member of the Board of Trustees (university's governing body). Any changes identified during review are made and confirmed by a non-trustee financial officer before the Form 990 and required schedules are filed with the IRS. The filed Form 990 and required schedules are reviewed annually by the Audit Committee of the Board of Trustees Additionally, the Compensation Committee of the Board of Trustees conducts an annual review of compensation-related disclosures in the Form 990 and required schedules.

lde	ntifier	Return Reference	Explanation
F990_P06	5_S0B_L12c		Annually officers and trustees meet compliance requirements with a Conflict of Interest questionnaire and the office of the Secretary of the board monitors and manages responses

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The university follows the rebuttable presumption of reasonableness procedures identified in Treasury Regulation section 53 4958-6, which require the following three conditions to be met 1. All elements of compensation (compensation arrangements) are approved in advance by an authorized body which is the governing body, a committee of the governing body or other parties authorized by the governing body of the organization who do not have a conflict of interest with respect to the compensation arrangements. 2. Prior to making the determination, the authorized body obtains and relies upon appropriate data as to comparability. 3. The authorized body adequately documents the basis for its determination regarding compensation arrangements concurrently with making the decision. The procedures were used in determining the fiscal year 2008-2009 compensation of the president (CEO), other officers or key employees. This process is regularly undertaken for each such person anytime his/her compensation changes.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The governing documents and conflict of interest policy will be available upon request subject to approval by the Chair of the Board of Trustees. The financial statements of the university are available on the website and a paper format is available upon request.

ldentifier	Return Reference	Explanation
F990_P07_S0A_L01a	Form 990, Part VII, Section A, Line 1a	Column (B) Average hours per week 40 hours reflect a full-time position, typically actual hours significantly exceed 40 Column (D) Reportable compensation. Compensation reported for Juli McGruder includes early retirement benefits. Compensation reported for Kathleen Hummel-Berry includes additional pay for fall and spring session instruction and a writing workshop. Column (F) Estimated amount of other compensation. Benefits reported for David R Beers include dependent tuition benefits.

ldentifier	Return Reference	Explanation
F990_P11_S00_L02b	Form 990, Part XI, Line 2b	The audited financial statements of The University of Puget Sound are the consolidated statements of the university and its wholly owned subsidiary CVI GVF Holdings 13, Ltd CVI GVF Holdings 13, Ltd holds a single investment in the university's pooled endowment. The university's independent accountants audit the accounting entry to eliminate transactions between the university and its consolidated subsidiary from the consolidated financial statements.

DLN: 93493131010480

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Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Name of the organization **Employer identification number** THE UNIVERSITY OF PUGET SOUND 91-0564961 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Direct controlling Primary activity Public charity status or foreign country) (if section 501(c)(3)) entity Northwest Academic Computing Consortium Inc Development of Advanced 3203 SW Woodstock Blvd OR 501(c)(3) 11e Type 1 N/A Technology Portland, OR972028199 84-1172799

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary ad	ctivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total incom	(G) Share of end-of- year assets	(H Disprop allocat) ortionate cions?	(I) Code V—UBI al on Box 20 of k		(J Gener mana partr	ral o Iging
								Yes	No	1		Yes	No
Part IV Identification of Re	elated Org		Taxable as		1								
(A) Name, address, and EIN of related orga	nızatıon	(B) Primary activity	((C) al domicile state or foreign ountry)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income		Sha end-c	G) ire of of-year sets	Perce	1) ntage ership	
CVI GVF Holdings 13 Ltd PO Box 309GT Ugland House South Church Street Georgetown CJ		Hold endowment investment		CJ	N/A	С	-1,104,57	′4		5,206,780	1 00 9	%	

(5)

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
1 D	uring the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV)						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No			
b	b Gift, grant, or capital contribution to other organization(s)								
c	Gift, grant, or capital contribution from other organization(s)			1c		No			
d	Loans or loan guarantees to or for other organization(s)			1d		No			
e	Loans or loan guarantees by other organization(s)			1e		No			
f	Sale of assets to other organization(s)			1f		No			
g	Purchase of assets from other organization(s)			1g		No			
h	h Exchange of assets								
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No			
k	Performance of services or membership or fundraising solicitations for other organizat	ion(s)		1k		No			
ı	I Performance of services or membership or fundraising solicitations by other organization(s)								
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No			
n	Sharing of paid employees			1n		No			
o	Reimbursement paid to other organization for expenses			10		No			
р	Reimbursement paid by other organization for expenses			1р		No			
q	O ther transfer of cash or property to other organization(s)			1 q		No			
r	O ther transfer of cash or property from other organization(s)			1r		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who r	must complete this line, including covered relationships	and transaction thresholds						
	(A)	(B) Transaction	(C)						
	Name of other organization(s)	type(a-r)	Amount Involved						
(1)									
(2)									
(3)									
(4)									

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			