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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

Open to Public Inspection

A Fo	or the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9		•
	eck if ap		Please	C Name of organization	-		D Employer ide	entification number
_	dress cha	•	use IRS	REED INSTITUTE			93-038690	18
_	ıme chan	-	label or print or	Doing Business As			E Telephone n	
_		_	type. See	REED COLLEGE			(503) 777-	7505
Inı —	tıal retur	'n	Specific Instruc-	Number and street (or P O box if mail is	not delivered to street addre	ess) Room/suit	·e	ts \$ 307,074,744
Te	mınatıoı	n	tions.	3203 SE Woodstock Blvd			· ·	, ,
- Am	nended r	eturn		City or town, state or country, and ZIP +	- 4			
– <sub>Ap</sub>	plication	pending		Portland, OR 972028199				
			E Nar	ne and address of Principal Officer		l > -	<u> </u>	
				D McFarlane		1	his a group returr iates?	rfor
				SE Woodstock Blvd			lates.	) 165 p 140
				d,OR 97202		H(b) Are	all affiliates includ	ed?
: Ta	ax-exem	pt status	✓ 501(c	) (3) ◀ (Insert no )	527	(If'	'No," attach a list	See instructions )
w	eb site	e: F ww	w reed edu			H(c) Gro	oup Exemption Nu	mber 🟲
∢ Тур	e of org	anızatıon	Corporat	ion		<b>L</b> Year of I	ormation 1908 <b>M</b>	State of legal domicile OR
							·	
Da	rt I	S						
Pa		Sum		a arganization's mission or most sig	unificant activities			
		•		e organization's mission or most sig	nificant activities			
<u>్</u> త		Provide	education	in the liberal arts and sciences				
Governance								
<u> </u>	2	Chack	his box $\Box$	ıf the organization discontinued its o	operations or disposed	of more than	25% of its asset	5
Ę			•					
				nembers of the governing body (Part				31
Ĉ.				ident voting members of the governi		b)	_	30
į				nployees (Part V , line 2a)			5 _	3,591
ACIIVIIIES &	6	Total n	umber of vo	lunteers (estimate if necessary) .			6 _	0
₹	7a	Total gi	oss unrela	ted business revenue from Part VIII	I, line 12, column (C)		7a _	-1,270,027
	ь	Net unr	elated busi	ness taxable income from Form 990	)-T, line 34		7b	-752,026
						P	rior Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)		17,891,519	13,433,936	
ĕ	9	Progra	m service	revenue (Part VIII, line 2g)			59,800,000	62,556,715
Ravenu	10	Invest	ment incor	ne (Part VIII, column (A), lines 3, 4		31,350,307	-23,418,400	
æ	11			art VIII, column (A), lines 5, 6d, 8c			1,077,479	1,461,588
	12		-	dd lines 8 through 11 (must equal P		е	, ,	<u> </u>
		12)					110,119,305	54,033,839
	13	Grants	and simila	ar amounts paid (Part IX, column (A)	), lınes 1–3)		16,698,923	18,894,721
	14	Benefi	ts paid to c	or for members (Part IX, column (A),	line 4)			0
	15	Saları	es, other co	ompensation, employee benefits (Pa	rt IX, column (A), lines	5 –		
Expenses		10)					37,298,520	41,328,557
<b>a</b>	16a	Profes	sıonal fund	raising fees (Part IX, column (A), lir	ne 11e)			0
ੜ	Ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 <u>3,526,</u> 5	535)			
	17	Other	expenses	(Part IX, column (A), lines 11a–11d	, 11f-24f)		31,184,391	30,189,395
	18	Total	expenses—	add lines 13–17 (must equal Part I	X, line 25, column (A))		85,181,834	90,412,673
	19			penses Subtract line 18 from line 12			24,937,471	-36,378,834
8 <del>0</del> 0						Begin	ning of Year	End of Year
9	20	Total	seesta (De	rt V June 16				
net Assers or Fund Bałances	20		•	rt X, line 16)			591,739,785	477,406,081
3 2	21	Total	iabilities (F	Part X, line 26)			99,280,539	96,436,687
z Z	22	Netas	sets or fun	d balances Subtract line 21 from lir	ne 20		492,459,246	380,969,394
Pa	rt II	Sign	ature Bl	ock				
				erjury, I declare that I have examined this re				
		and bell	ef, it is true,	correct, and complete Declaration of prepar	er (other than officer) is base	ed on all inform	ation of which prepai	er has any knowledge
Please Sign		Sign	ature of office	ar.		20: Dat	10-02-15	
ler		<b>F</b> Sign	ature or office	=1	Dai	.e		
	-		n McFarlane e or print nam	VP/Treasurer				
		<b>F</b> Type	or print nam	e and the	<u>'</u>			
		Preparer			1	Check If self-	Preparer's PTIN	(See Gen Inst )
Paid		signature	· <b>F</b>		1	seir- empolyed 🕨 🏻	-	
<sup>o</sup> rep	arer's		ame (or your	5		<u>'</u>		
Jse	Only	ıf self-er	nployed), and ZIP + 4	<b>/</b>			– EIN ▶	
	-	addic55,	ana 217 † 4				Phone no 🕨	
					<b>C</b>			Tyes ENe
/I a V	tha IDC	- dicciia	c thic ratii	rn with the preparer shown above? (	Saa inctriictions \			I Vac I Na

### Part III Statement of Program Service Accomplishments (See the instructions.)

	Total program service			Must equal Part IX I		- /
4d	Other program service (Expenses \$		lule O) ding grants of \$		O ) (Revenue \$	0 )
<i>N</i> - J	Other ====================================	c (December := C-1	lulo O X			
4c	(Code	) (Expenses \$	ınclu	ding grants of \$	) (Revenue \$	)
4b	(Code Unknown/Unclassified 1379	) (Expenses \$ 9 FTE students 322 degre		uding grants of \$ Students living in dorms	0 ) (Revenue \$ s and using dining facilities	62,556,715 )
	Psychology	misulute Hau 10 research	grants runded with te	cuciai iunus for dasic fe	escarcii support Departments Tunge	ы ате вююду, спетныту, апо
4a	(Code	) (Expenses \$		uding grants of \$	634,009 ) (Revenue \$	634,009 )
4		4) organizations and	4947 (a)(1) trusts	s are required to re	argest program services by e port the amount of grants and d	
	services? If "Yes," describe these					Yes 🗸 No
3	If "Yes," describe these  Did the organization cea			nges in how it cond	ducts any program	
2	Did the organization und the prior Form 990 or 99	90-EZ?		es during the year v	which were not listed on 	Yes V No
1	Briefly describe the organization. Provide education in the libera					

			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		Νo
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization 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		Νο
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		No
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? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
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		Νο
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		No
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		No
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		No

### Part IV Checklist of Required Schedules (Continued)

			169	110
8	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			
	IV	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		Νο
c	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	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
<b>1</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
3	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
4	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	
5	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	
6	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		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 1,737			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	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			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	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 contribution of \$75 or more?	7a	1	No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_		
_	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

No

Yes

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

	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.	5,							
1a	Enter the number of voting members of the governing body 1a	31							
Ь	Enter the number of voting members that are independent 1b	30							
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		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No				
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?								
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	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	L	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	- L	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	L	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								
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		No				

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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		Νo
	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		Νο
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 OR
- 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

- 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

Edwin O McFarlane Vice President/Treasurer 3203 SE Woodstock Blvd Portland, OR 972028199 (503) 777-7506

# 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

(A) Name and Title  (B) A verage hours per week  (C) Threstor (W) (A) Name and Title  (B) A verage hours per week  (A) Name and Title  (B) A verage hours per week  (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		Average hours per		(i tion that a			all			(E)	(F)
1.938.037 0	<b>(A)</b> Name and Title		Individual Trustee or Director	Institutional Trustee		Key employee	l B.	Former	compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-	compensation from the organization and related
1b. Total				_							
1h. Total				1							
1b. Total											
1b. Total											
1b. Total											
1b. Total											
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10 10tal 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1b Total								1,938,037	7	0

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►49

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		Νο
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 individual		,	
	marviada	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		Νο

#### **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
Reimers & Jolivette Construction 2344 NW 24th Ave Portland, OR 972102132	Construction	6,777,531
Zimmer Gunsul Frasca Partnership 320 SW Oak St Ste 500 Portland, OR 972042731	Architecture	775,302
Hunter-Davisson Inc 1800 SE Pershing Street Portland, OR 97202	Mechanical contractor	368,159
Cliffwater LLC Marina Towers Marina del Rey, CA 90292	Investment Mgmt	325,000
Print Results Inc 2603 NE 39th Ave Portland, OR 972122926	Printing	324,946
2 Total number of independent contractors (including those in 1) who rec	. ,	11

### Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns	<b>1a</b> 0		Revenue		512, 513, or 514
转载	ь	Membership dues	0				
Contributions, gifts, grants and other similar amounts			1b				
s, g	С	Fundraising events	1c				
無無	d	Related organizations					
<u>₹</u>	e	Government grants (contributions)	1,666,578				
ior r	f	All other contributions, gifts, grants,	and 11,767,358				
ë Fe		similar amounts not included above					
불	g	Noncash contributions include					
ပည	h	Innes 1a-1f \$		13,433,936			
	<u>"</u>	Total (Add lines 1a-11)	<u>►</u>				
<u> </u>	2-	Turkey and force	Business Code				
Program Service Revenue	2a	Tuition and fees	611,710	• • • • • • • • • • • • • • • • • • • •	51,158,542	0	0
æ	Ь	Auxiliary-Dorm fees	611,710		5,300,345		0
95	С	Auxiliary-Cafeteria fees	611,710	· · · ·	4,404,171	0	0
Y.	d	Auxiliary-Bookstore fees	611,710	1,693,657	1,693,657	0	0
3	e						
Ğ 13	f	All other program service rev	enue	0	0	0	0
_ĕ 	g	Total. Add lines 2a-2f ► \$ 62,556,715					
	3	Investment income (including	·				
		other similar amounts)		-3,251,612	0	-1,287,891	-1,963,721
	4	Income from investment of tax-exer	mpt bond proceeds	0	0	0	0
	5	Royalties		0	0	0	0
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	с	Rental income	0 0				
	d	or (loss)  Net rental income or (loss).					
	7a	(1) Securities Gross amount 151,412					
		from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses	,195 97,254,710				
	С	Gain or (loss) -4,374	,067 -15,792,721				
	d	Net gain or (loss)		-20,166,788	-20,184,652	17,864	0
	8a	Gross income from fundraising	<del></del>				
Other Revenue	ь	s of contributions reported on li 1c) See Part IV, line 18 Attach Schedule G if total excee \$15,000	ds . a 0 .b				
9	9a	Gross income from gaming	<u> </u>				
		activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a				
	b c	Less direct expenses Net income or (loss) from gan	ning activities				
	10a	Gross sales of inventory, less returns and allowances	a				
	b c	Less cost of goods sold .  Net income or (loss) from sale	. b				
	44-	Miscellaneous Revenue	Business Code				
	11a						
	Ь						
	С			1 464 500	4 464 500		2
	d	All other revenue		1,461,588	1,461,588	0	0
	e	Total. Add lines 11a-11d .					
	12	Total Revenue. Add lines 1h, 8c, 9c, 10c, and 11e	2g, 3, 4, 5, 6d, 7d,	54,033,839	43,833,651	-1,270,027	-1,963,721

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,894,721	18,894,721				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	1,541,328	571,368	719,529	250,431		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	28,660,499	25,422,081		1,877,914		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,959,573	2,547,181	203,829	208,563		
9	Other employee benefits	5,634,953	4,849,769	388,085	397,099		
10	Payroll taxes	2,532,204	2,179,362	174,396	178,446		
11	Fees for services (non-employees)						
а	Management						
b	Legal	137,961	105,325	30,625	2,011		
c	Accounting	104,445	57,831	43,742	2,872		
d	Lobbying						
е	Professional fundraising See Part IV, line 17						
f	Investment management fees	250,879	250,879				
g	Other	9,865,311	9,576,296	204,465	84,550		
12	Advertising and promotion						
13	Office expenses	7,011,669	6,539,102	302,691	169,876		
14	Information technology	344,611	190,811	144,323	9,477		
15	Royalties						
16	Occupancy	1,956,083	1,830,484	117,365	8,234		
17	Travel	2,034,928	1,569,833	170,060	295,035		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials						
19	Conferences, conventions and meetings	16,120	16,120				
20	Interest	2,230,830	2,230,830				
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	4,233,135	4,233,135				
23	Insurance	353,748	255,396	92,292	6,060		
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	Dues and memberships	124,988	61,183	28,902	34,903		
b	Cost of sales	1,222,781	1,222,781	0	0		
c	Taxes and liceses	64,207	64,207	0	0		
f	All other expenses	237,699	220,502	16,133	1,064		
25	Total functional expenses. Add lines 1 through 24f	90,412,673	82,889,197	3,996,941	3,526,535		
26	Joint Costs. Check 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				rm 900 (2009)		

Dart V	Balance	Shoot
Part X	Balance	Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	7,261,959	1	3,125,885
	2	Savings and temporary cash investments	50,530,216	2	15,813,082
	3	Pledges and grants receivable, net	20,951,944		21,237,557
	4	Accounts receivable, net	362,021	4	308,407
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	0	5	0
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and	0		0
	7	persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	5,414,470		5,585,618
	8	Inventories for sale or use	0,414,470		0,5005,010
76	9		0	9	2,488,846
ě	_	Prepaid expenses and deferred charges	0	9	2,400,040
Assets	10a	Land, buildings, and equipment cost basis 166,753,856			
	b	Less accumulated depreciation Complete Part VI of Schedule D	105,566,679	10c	109,310,864
	11	Investments—publicly traded securities	27,126,527	11	78,010,574
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	371,983,725	12	240,972,562
	13	Investments—program-related See Part IV , line 11 $\it Complete Part VIII$ of Schedule D .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D	2,542,244	15	552,686
	16	Total assets. Add lines 1 through 15 (must equal line 34)	591,739,785	16	477,406,081
	17	Accounts payable and accrued expenses .	7,371,867	17	4,906,679
	18	Grants payable	0	18	0
	19	Deferred revenue	861,148	19	1,036,888
	20	Tax-exempt bond liabilities	67,038,043	20	65,950,223
eS	21	Escrow account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	269,792	23	183,705
	24	Unsecured notes and loans payable	0	24	0
	25	Other liabilities Complete Part X of Schedule D	23,739,689	25	24,359,192
	26	Total liabilities. Add lines 17 through 25	99,280,539	26	96,436,687
es		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
anc 3	27	Unrestricted net assets	378,886,765	27	218,447,168
Balance	28	Temporarily restricted net assets	13,864,996	28	51,870,038
=	29	Permanently restricted net assets	99,707,485	29	110,652,188
r Fund		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
0 C	30	Capital stock or trust principal, or current funds		30	
,et;	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	492,459,246		380,969,394
Ž	34	Total liabilities and net assets/fund balances	591,739,785		477,406,081
	I -				
Pa	rt XI	Financial Statements and Reporting			

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	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	Yes		
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?				
c	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		
3а	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		

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DLN: 93493133039490

OMB No 1545-0047

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

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

	ne of the organization  DINSTITUTE  Employer identification number					n number					
KLLD	INSTITE	) I L						93	-038690	8	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo				
The	organiz	ation is not	a private found	ation because it is (Please	check onl	ly <b>one</b> org	anızatıon )	)		-	
1	Γ	A church, o	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).		
2	<u>~</u>	A school de	escribed in <b>Sec</b> l	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E )					
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on describ	bed in <b>Sec</b>	t ion 170(l	o)(1)(A)(i	i <b>ii).</b> (A ttac	h Schedul	le H)
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state									
5	Г			for the benefit of a college or	universit	v owned o	r operated	l by a gove	ernmental	unit desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )				. •			
6	Г			overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7		•	-	ally receives a substantial p						n the gene	eral public
	•	=		)(1)(A)(vi) (Complete Par		• •				J	•
8	Г			ped in <b>Section 170(b)(1)(A)</b>		nplete Par	tII)				
9	Г		•	ally receives (1) more than		-	-	ontribution	ns, membe	rship fees	s, and gross
				lated to its exempt functions							
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sinesses
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ction 509	( <b>a)(4).</b> (S	ee instruc	tions )
11	Γ	one or more	e publicly support of describes the	and operated exclusively foorted organizations describe type of supporting organiza Type II <b>c</b>	d in section	on 509(a) omplete li	(1) or sec nes 11e t	tion 509(a hrough 11	a)(2) See	Sect ion 5	
e	Γ	•	foundation man	rtify that the organization is agers and other than one or			•			•	· ·
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organizatio <u>n,</u>
_		check this		as the organization accepted	d any gift.	or contrib	ution from	any of the			l
g		following pe		as the organization accepted	u any gnt	or contrib		any or the	;		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	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 inform	mation about the organizatio	ns the org	janızatıon	supports				
		ıme of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1 - 9		ation in	_	inization		ation in	support?
	O rgan	ızatıon		above or IRC section (See Instructions))	your go	listed in verning		i) of your oort?		rganized US?	
				(See Instructions)	, ,	ment?	3401		e	5 5 .	
					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>(b)</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					<del> </del>		
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>(b)</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 <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
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 <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
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				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
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	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	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>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 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>(b)</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 <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact 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	<b>Supplemental Information.</b> 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

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** ► Attach to Form 990. To be completed by organizations that

Open to Public

rnal Revenue Service	allswered fes, to re	orm 990, Part 1V, line 6, 7, 8, 9, 10, 11, or		Inspection
Name of the organi	izat ion		Employer identific	cation number
TED INSTITUTE	93-0386908			
		dvised Funds or Other Similar F	unds or Account	<b>s.</b> Complete if the
organiz	zation answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and	other accounts
Total number a	t end of year	(2, 2 3 22.13.22.12.12.12	(2) 1 4 1 1 4 1 4 1 4 1	
Aggregate Con	tributions to (during year)			
Aggregate Gra	nts from (durıng year)			
Aggregate valu	e at end of year			
		sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌Yes ┌No
used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor or other		┌ Yes ┌ No
art III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part i	IV, line 7.
Protection Preservati Complete lines	on of land for public use (e g , recreati of natural habitat on of open space : 2a-2d if the organization held a qual of the tax year	•	rtified historic struc	ture
on the last day	of the tax year		Held a	t the End of the Yea
a Total number	of conservation easements		2a	
• Total acreage	restricted by conservation easement	S	2b	
Number of co	nservation easements on a certified hi	storic structure included in (a)	2c	
Number of co	nservation easements included in (c) a	acquired after 8/17/06	2d	
Number of con	servation easements modified, transfe	rred, released, extinguished, or terminate	d by the organizatio	n during
the taxable yea	ar 🕦			
Number of stat	es where property subject to conserva	ation easement is located ►		
_	nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, viola ?	ations, and	┌Yes ┌No
Staff or volunte	eer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear 🕨 \$	
Does each con	-, .	c(d) above satisfy the requirements of sec	·	┌ Yes ┌ No
balance sheet,	<del>-</del>	onservation easements in its revenue and the footnote to the organization's financial nents	•	
		ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Similaı	Assets.
art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd lancial statements that describes these it	ch in furtherance of p	
historical treas	, ,	116, to report in its revenue statement a public exhibition, education, or research in s		•
(i) Revenues i	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$	
(ii) Assets Inc	luded ın Form 990, Part X		<b>-</b> \$	
_	tion received or held works of art, hist nts required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items	or financial gain, prov	ride the
a Revenues inclu	uded in Form 990, Part VIII, line 1		<b>►</b> \$	
<b>b</b> Assets include	ed in Form 990, Part X		<b>&gt;</b> \$	

Part		Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Trea</u>	sures, or O	the	<u>r Similaı</u>	r Asse	ts (co	ntınued)
3		g the organization's accession and othe s (check all that apply)	r records, check any	of th	e foll	owing that	are a significa	ant u	ise of its co	llection	ı	
а	$\Gamma$	Public exhibition		d	$\sqcap$	Loan or e	xchange progr	ams				
b	$\Gamma$	Scholarly research		e	Γ	Other						
С	$\sqcap$	Preservation for future generations										
4	Prov Part	ide a description of the organization's co	ollections and explair	n how	v they	further th	e organization	's e>	kempt purp	ose in		
5		ng the year, did the organization solicit o its to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					ganızatıon a	nsw	ered "Yes	s" to Fo	orm 9	90,
1a		le organization an agent, trustee, custod ided on Form 990, Part X?	lan or other intermed	lary	for c	ontribution	ns or other ass	ets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and comple	te the following table	1								
							L			A mou	nt	
С	Begi	inning balance					_	<b>1</b> c				
d	Add	itions during the year						1d				
е	Dıst	ributions during the year						1e				
f	Endi	ing balance						<b>1</b> f				
2a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV										
Pai	rt V	Endowment Funds. Complete										
1-	Rogi	nning of year balance	(a)Current Year 427,180,913	(b	<b>)</b> Prior	Year (c	:)Two Years Back	(a)	Three Years I	васк   <b>(е</b>	)Four Ye	ears Back
1a b		ributions	5,594,978									
c		stment earnings or losses	-91,913,408									
d		its or scholarships	6,107,523									
e		er expenditures for facilities	19,140,640									
_		programs										
f	Adm	inistrative expenses	2,783,312									
g	End	of year balance	312,831,008									
2	Prov	ide the estimated percentage of the yea	r end balance held as	;								
а	Boar	d designated or quasi-endowment 🕨	38 %									
b	Perm	nanent endowment 🕨 39 %										
c	Term	n endowment 🕨 23 %										
3a		there endowment funds not in the posse:	ssion of the organizat	ion t	hat a	re held an	d administered	d for	the			
		nization by nrelated organizations		_	_			_	_	3a(i)	Yes	No No
		related organizations		• •	•					3a(ii)		No
b		es" to 3a(II), are the related organizatio						•		3b		
4		cribe in Part XIV the intended uses of th	e organization's endo	wme	nt fu	nds						
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990,	Part X, line	10.				
		Description of investment				Cost or other (investment			(c) Depreci	ation	( <b>d</b> ) Boo	ok value
1a	and						0 7,951	,668				7,951,668
b i	Buildii	ngs					0 147,576	,149	46,88	35,846	100	0,690,303
<b>c</b> l	ease	hold improvements					0	0		0		C
d I	Equip	ment					0 11,226	,039	10,55	7,146		668,893
е (	Other						0	0		0		0

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation · year market value
Financial derivatives and other financial products	240,472,562	000000000000000000000000000000000000000	F
Closely-held equity interests	500,000		
Other	300,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	240,972,562		
Part VIII Investments—Program Related. Se	e Form 990 Part Y line	12	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
(a) Descri	ption		(b) Book value
O ther			552,686
Total. (Column (b) should equal Form 990, Part X, col.(B) line		<u> </u>	552,686
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	X, line 25. (b) A mount		
Federal Income Taxes	(b) Amount		
Postretirement benefits payable	16,285,683		
Refundable loan programs	3,019,784		
Asset retirement obligation	2,892,350		
Swap derivative	2,161,375		
onep activative	2,101,373		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	24,359,192		

	·		
Pai	rt 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	54,033,839
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	90,412,673
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-36,378,834
4	Net unrealized gains (losses) on investments	4	-76,510,151
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	-6,962,476
9	Total adjustments (net) Add lines 4 - 8	9	-83,472,627
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-119,851,461
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	
1	Total revenue, gains, and other support per audited financial statements	1	-39,528,094
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -17,173,880		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-93,684,031
3	Subtract line <b>2e</b> from line <b>1</b>	3	54,155,937
4	A mounts included on Form 990, Part VIII, line 12, 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) 4b -122,098		
c	Add lines 4a and 4b	4c	-122,098
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	54,033,839
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	79,633,744
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	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)	1	10.770.000
e ¬	Add lines 2a through 2d	2e	-10,778,929
3	Subtract line <b>2e</b> from line <b>1</b>	3	90,412,673
4	Amounts included on Form 990, Part IX, line 25, but not on line <b>1:</b> Investment expenses not included on Form 990, Part VIII, line 7b   <b>4a</b>   0		
a	Other (Describe in Part XIV) 4b 0	1	
b c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	90,412,673
_	rotar expenses mad nines a dia martinis snodia equal form 330, fait 1, fille 10 / 1 1 1 1 1 1 1 1	, ,	JU, TIZ, U/J

#### Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Scholarships and Annuity & Life Income
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Pledges
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Annuity & Life Income and Pledges
SchD_P05_S00_L04		The college's endowment funds are used for scholarships, chairs, academic support, library support, student services, and general operating support
SchD_P10_S00_L00	Schedule D, Part X	N/A
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Scholarships and Annuity & Life Income

### OMB No 1545-0047

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury

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** 

Internal Revenue Service Name of the organization **Employer identification number** REED INSTITUTE 93-0386908 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws

-	boes the organization have a racially hondiserminatory poncy toward statement in its charter, bylaws,	- 1	1	
	other governing instrument, or in a resolution of its governing body?	1	Yes	
2	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	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"		1 00	
	please explain	3	Yes	
	Newspaper announcement is done once a year			
4	Does the organization maintain the following?		l	
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
	<b>d</b> 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 )			
		_		
5	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	5a		No
	<b>b</b> Admissions policies?	5b		Νo
	c Employment of faculty or administrative staff?	5c		Νo
	d Scholarships or other financial assistance?	5d		No
	e Educational policies?	5e		No
	<b>f</b> Use of facilities?			
	Ose of facilities.	5f		Νo
	g Athletic programs?	5g		Νo
	h Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		_		
		_		
6	a Does the organization receive any financial aid or assistance from a governmental agency?		Yes	
	<b>b</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	7	Yes	

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DLN: 93493133039490

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

REED INSTITUTE

Schedule I

(Form 990)

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

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public Inspect ion Employer identification number

							93-0386908	
Pa	rt I General Infor	mation on Gra	nts and Assistance	9			•	
1	Does the organization m the selection criteria use Describe in Part IV the o	ed to award the gra	nts or assistance?					✓ Yes
	<b>Grants and Ot</b> Form 990, Part Part IV and Sch	ther Assistance IV, line 21 for a nedule I-1 if add	e to Governments ny recipient that rece itional space is	and Organizations erved more than \$5,0	in the United Star 000. Check this box	tes. Complete if the of the office of the of	ceived more than \$5,0	
1(	(a) Name and address of organization or government	<b>(b)</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 se organizations					•		
3	Enter total number of oth	ner organizations .	<u> </u>	<u></u>	<u> </u>	<u></u> .	<u> </u>	•
For F	Paperwork Reduction Act No	tice, see the Instruc	tions for Form 990.		Cat No 50055	p	Sci	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>(b)</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
Reed Grants	636	17,309,989	0		
SEOG	213	226,006			
ACG	66	57,766			
Oregon State Grants	43	117,277			
Other State Grants	6	8,553			
O ther O utside A wards	92	931,676			
SMART	14	54,000			

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

 Identifier
 Return Reference
 Explanation

 SchI\_P01\_S00\_L02
 Schedule I, Part I, Line 2
 A budget based on the grant proposal is entered into the accounting system. Purchases are monitored and approved by the controller and assistant controller. Wages paid are supported by time and effort reports. The grants coordinator reviews grant expenditure reports monthly and quarterly financial reports are submitted for federal grants.

 Image: Controller and assistant controller. Wages paid are supported by time and effort reports. The grants coordinator reviews grant expenditure reports monthly and quarterly financial reports are submitted for federal grants.

 Image: Controller and assistant controller. Wages paid are supported by time and effort reports. The grants coordinator reviews grant expenditure reports monthly and quarterly financial reports are submitted for federal grants.

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DLN: 93493133039490

OMB No 1545-0047

**Employer identification number** 

#### Schedule J (Form 990)

Department of the Treasury

Name of the organization

The organization?

ın Part III

Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

Internal Revenue Service

REED INSTITUTE

**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.

Open to Public Inspection

93-0386908 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe 6a

6b

7

Νo

Νo

Νo

Νo

#### 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	f W-2 and/or 1099-MIS	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	
Paul Marthers	(ı) (ıı)		0	0	0	22,880	168,976	73,048	
Jerlena Griffin	(ı) (ıı)		0	0	0	9,430	76,681	0	
Colin S Diver	(ı) (ıı)		0	40,000	0	49,232	476,632	209,048	
Edwin O McFarlane	(ı) (ıı)		0	, 0	0	25,609 0	242,933	105,408	
Hugh Porter	(1) (11)		0	, 0	0	29,049	236,835	105,377	
Peter J Steinberger	(1) (11)		0	0	0	28,961 0	235,871	105,405	
Martin Ringle	(1) (11)		0	41,690	0	22,237 0	201,328	67,343	
	(ii)		ļ	'				4	
	(i)	<del> </del>	<del></del>	<u> </u> '	<del> </del>	<del> </del>	<del> </del> '	4	
	(ii) (i)		<u> </u>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	f	
	(ii)				<u> </u>		<del>                                     </del>	1	
	(i)						<u> </u>	1	
	(ii)							1	
	(i)		4	<u> </u>	<b></b> '	<u> </u>	<u> </u>	4	
1	(ii)	1	1	1	1	1	1 '	1	

### 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	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	\$40,000 is included in the President's compensation

Schedule J (Form 990) 2008

DLN: 93493133039490

Schedule K (Form 990)

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

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

Open to Public Inspection

Employer identification number

REED INSTITUTE											93-0386908				
Pa	art I Bond Issues (Require	ed for 2008)													
	(a) Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date	Pate Issued (e) Issue Price (f		( <b>f</b> ) Des	(f) Description of Purpose			feased	(h) O n Behalf of Issuer				
										Yes		No	Yes	No	
A	Oregon Facilities Authority Revenue Bonds (Reed College Projects) 2008 Series A	93-6001787	68608JJE2	04-23-	2008	47,	060,000	See Schedule O				х		x	
Pa	rt III Proceeds (Optional for	r 2008)				_		<u> </u>			•				
1	Total Proceeds of Issue				Α	<u> </u>	3		С	ı	<b>D</b>		E		
2	Gross Proceeds in Reserve Fund	s													
3	Proceeds in Refunding or Defeas	ance Escrows													
4	Other Unspent Proceeds														
5	Issuance Costs from Proceeds														
6	Working Capital Expenditures fro	om Proceeds													
7	Capital Expenditures from Proce	eds													
8	Year of Substantial Completion							· ·		I.					
				Yes	No	Yes	No	Yes	No	Yes	No	Yes		No	
9	Were the bonds issued as part of	f a current refunding iss	sue?												
10	Were the bonds issued as part of	f an advance refunding	ıssue?												
11	Has the final allocation of procee	eds been made?													
12	Does the organization maintain a final allocation of proceeds?	adequate books and rec	cords to support the												
Pa	rt IIII Private Business Use	e (Optional for 2008	)		•		•	_	•		•		,		
					Α	ı		+	<u>c</u>		<u> </u>		E		
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	•	No	
1	Was the organization a partner in which owned property financed b		ember of an LLC,												
2	Are there any lease arrangement which may result in private busin		nanced property												
For	Paperwork Reduction Act Notice, see t	he Instructions for Form	1 990.			Cat No 501	.93E			s	chedule K	Form 99	0) 2008	,	

Schedule K (Form 990) 2008	· · · · · · · · · · · · · · · · · · ·
Part III Private Business Use	(Continued)

		Α		В		С		D			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		3		<u>c</u>	l	<u> </u>	1	E
	,	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?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	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?										
6	Did the bond issue qualify for an exception to rebate?										

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DLN: 93493133039490

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► 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.

**Transactions with Interested Persons** 

Name of the organization **Employer identification number** REED INSTITUTE **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or Approved (e) In (g)Written from the (a) Name of interested person and (c)O riginal principal (d)Balance due default? by board or agreement? organization? amount purpose committee? Τо From Yes Yes Yes No **Grants or Assistance Benefitting Interested Persons** Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

#### **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 of organization' revenues?		
	organization			Yes	No	
Margaret Hill Noto	Board of Trustees Member		Margaret Hill Noto is a partner at Stoel Rives LLP, a law firm that provides Reed with legal services		No	

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DLN: 93493133039490

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

**Non-Cash Contributions** 

Nam	e of the organization INSTITUTE				Employer identificat	tion nu		
KLLD	INSTITUTE				93-0386908			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	letermı	nıng	
1	Art—Works of art	X	1		. booked at \$1			
2	Art—Historical treasures .				<u> </u>			
3	Art—Fractional interests							
4	Books and publications	X		2,421	. market value and o	ther		
5	Clothing and household			,				
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	44	1,199,517	market value			
10	Securities—Closely held stock	•						
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)				<del>                                     </del>			
29	Number of Forms 8283 received which the organization complete	d Form 828	33, Part IV, Donee	ar for contributions for	29			
	Acknowledgement		•			ı	Yes	l
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		res	No
	least three years from the date	of the initial	l contribution, and which is	not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	ft acceptand	ce policy that requires the i	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	<del>-</del>	to solicit, process, or sell	non-cash	32a		No
b	If "Yes", describe in Part II							
	If the organization did not report	t revenues i	ın Column (c) for a type of p	roperty for which Column (	a) ıs			1

checked, describe in Part II

Part IISupplemental 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.IdentifierReturnReferenceExplanation										
Identifier	ReturnReference	Explanation								
240111111	Notal III Colored	Explanation								
	1	1								

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OMB No 1545-0047

2008

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### **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

► 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.

Name of the organization REED INSTITUTE

Employer identification number

93-0386908

ldentifier	Return Reference	Explanation
F990_P06_S0A_L04	Form 990, Part VI, Section A, Line 4	Changed articles of incorporation so that number of trustees is specified in by-law's on October 3, 2009

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	Form 990 is reviewed by members of the Audit Committee of the Board of Trustees

ldentifier	Explanation	
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Reed requires officers and institutional trustees to complete a conflict of interest form annually, and responses are reviewed by the audit committee of the Board

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Chairman of the Board of Trustees appoints a compensation committee that annually reviews presidential compensation data from eighteen comparator colleges, along with data provided by the Human Resources Office. The Chairman of the Board also conducts an annual performance evaluation of the President. The Chairman then discusses this information with the college's Vice-President/Treasurer and a compensation package is determined. This takes place no later than June of each year.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Governing documents are available upon request. Conflict of interest policy and financial statements are available on the College's Office of the Treasurer wiebsite.

ldentifier	Return Reference	Explanation
SchK_P01_S00_L00	Schedule K, Part I	Reed College borrow ed \$14,825,000 from the State of Oregon on May 1, 1991 Effective December 1, 1995, Reed College refinanced all but \$1,565,000 of the 1991 State of Oregon notes and borrow ed an additional \$7,105,000 Effective June 7, 2006, Reed College refinanced the callable portion of the 1995 State of Oregon notes payable in the amount of \$16,650,000 The 2006 State of Oregon notes mature July 1, 2025 and bear interest at a variable rate set on a weekly basis by a dutch auction process or at a default rate if the auction is not successful Reed College borrow ed \$30,000,000 through the Oregon Facilities Authority of the State of Oregon on August 1, 2007 The purpose of the issuance was to finance the construction of five residence halls, construction of a pedestrian bridge, and certain other renovations, additions, alterations and furnishing and landscaping thereof. These bonds were issued initially as auction rate certificates (ARC's), and were scheduled to mature on July 1, 2038 and bear interest at a variable rate set on a weekly basis by a dutch auction process. These bonds were subsequently refinanced by the 2008 State of Oregon notes.

DLN: 93493133039490

## SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service 

Name of the organization REED INSTITUTE	<b>Employer iden</b> 93-0386908	tification number			
Part I Identification of Disregarded Entities				93-0386908	
<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions			_	
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Exempt Code section	(E) Public charity st (if section 501(c)	(F) atus Direct controlling entity
Odyssey Property Holdings Inc					
3203 SE Woodstock Blvd Portland, OR97202 20-0779531	acquiring, developing, holding title to property	OR	501(c)(2)		The Reed Institute

art III Identification of			(C)				<b>.</b>	(H	1)		()	J)
(A) Name, address, and EIN of related organization	( <b>B)</b> Primary ad	ctivity	Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	( <b>G)</b> Share of end-of- year assets	Dispro alloca	prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gener mana partr	ral o agıng ner?
								Yes	No		Yes	No
Part IV Identification of	Related Org	janizations	Taxable a	as a Corporation	or Trust							
( <b>A)</b> Name, address, and EIN of related	i organization	( <b>B)</b> Primary acti	vity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inco	ome	Sh end-	are of Perce	<b>H)</b> entage ership	
Grayco Resources Inc 3203 SE Woodstock Blvd Portland, OR97202 93-0603357		Rental Activity		OR	Reed Institute	S				1 00	%	

(5)

(6)

Part V	Transactions with Related Organizations

	<del></del>					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> 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	7			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
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)			<b>1</b> g		No
h	Exchange of assets			1h		No
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	Yes	
k	Performance of services or membership or fundraising solicitations for other organizat	ion(s)		1k		No
- 1	Performance of services or membership or fundraising solicitations by other organization	on(s)		11		No
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			<b>1</b> p		No
		ation engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  as (iii) royalties (iv) rent from a controlled entity to other organization(s) from other organization(s) rother organization(s) rother organization(s)  on(s) ganization(s)  other assets to other organization(s)  other assets from other organization(s)  aster assets from other organization(s)  ership or fundraising solicitations for other organization(s) ership or fundraising solicitations by other organization(s)  alling lists, or other assets  of to other organization(s)  from other organization(s)  from other organization(s)  s "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold  (A)  (B)  (C)				
q	O ther transfer of cash or property to other organization(s)			<b>1</b> 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	s and transaction thresholds			
	(A)		(C)			
	Name of other organization(s)		Amount Involved			
(1)	Grayco Resources Inc	J			70,000	)
(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

									_			
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	. D / Farms	9907 2008		

Software ID: Software Version:

**EIN:** 93-0386908

Name: REED INSTITUTE

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C non ( hat a	ched		I			(E)	(F) Estimated amount of other compensation from the organization and related organizations	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Keş emploşee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		
Timothy Boyle , Trustee	1 00	Х						0	0	0	
M Jane Buchan , Trustee	1 00	Х						0	0	0	
Alberto Cribiore , Trustee	1 00	Х						0	0	0	
Martha A Darling '66 , Trustee	1 00	Х						0	0	0	
Suzan K DelBene '83 , Trustee	1 00	Х						0	0	0	
Donald Engelman '62 , Trustee	1 00	Х						0	0	0	
Steven B Falk , Trustee	1 00	Х						0	0	0	
David M Gossett , Trustee	1 00	Х						0	0	0	
Daniel B Greenberg '62 , Trustee- Chairman	1 00	Х		x				0	0	0	
Sheldon Hochheiser '73 , Trustee	1 00	Х						0	0	0	
Lında G Howard '70 , Trustee	1 00	Х						0	0	0	
George James '77 , Trustee	1 00	Х						0	0	0	
Jeffrey L Kenner , Trustee	1 00	Х						0	0	0	
E Randolph Labbe , Trustee-Secretary	1 00	Х		Х				0	0	0	
Anna Hayes Levin , Trustee	1 00	Х						0	0	0	
Alex J Martinez '73 , Trustee	1 00	Х						0	0	0	
Mıchael Mercy M D '87 , Trustee	1 00	Х						0	0	0	
Sandra Mıntz , Trustee	1 00	Х						0	0	0	
Sara S Nichols , Trustee	1 00	Х						0	0	0	
Peter Norton '65 , Trustee	1 00	Х						0	0	0	
Margaret Hıll Noto '75 , Trustee	1 00	Х						0	0	0	
Marshall W Pagon '78 , Trustee	1 00	Х						0	0	0	
Roger M Perlmutter '73 , Trustee	1 00	Х						0	0	0	
Gary E Rieschel '79 , Trustee	1 00	Х						0	0	0	
John P Sheehy , Trustee	1 00	Х						0	0	0	
Alice Larkin Steiner '74 , Trustee	1 00							0	0	0	
Peter C Stockman , Trustee	1 00	X						0	0	0	
Harriett Taggart , Trustee	1 00	Х						0	0	0	
Brett E Wilcox , Trustee	1 00	Х						0	0	0	
Richard H Wollenberg '75 , Trustee- Vice Chairman	1 00	х		x				0	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aa	<b>-</b>									
	(B) Average hours per week	<b>(C)</b> Position (check all that apply)								(F)
<b>(A)</b> Name and Title		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
Colin S Diver , President	40 00	Х		Х				427,400	0	0
Edwin O McFarlane , VP/Treasurer	40 00			Х				217,324	0	0
Hugh Porter , VP/College Relations	40 00			Х				207,786	0	0
Peter J Steinberger , Dean of Faculty	40 00			Х				206,910	0	0
Michael Brody , VP & Dean of Student Services	40 00			х				86,282	0	0
Jerlena Griffin , VP & Dean of Student Services	40 00			х				67,251	0	0
Martın Rıngle , Chief Tech Officer	40 00					Х		179,091	0	0
Paul Marthers , Dean of Admission	40 00					Х		146,096	0	0
Roger J Porter , Professor	40 00					Х		136,810	0	0
Victoria Hanawalt , Librarian	40 00					Х		132,013	0	0
Jeffrey A Parker , Professor	40 00					x		131,074	0	0