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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Internal				gamzation may have to use			3	Inspection		
			endar yea	r, or tax year beginning 06-0 C Name of organization	01-2009 and ending 05-31-	2010	D Employer ide	ntification number		
_	eck if ap Iress ch		Please use IRS	WILLAMETTE UNIVERSITY			93-038697			
_		ange I	label or print or	Doing Business As			E Telephone nu			
_	ne char	1	type. See				(503) 370-6	5985		
_	ial retur minated	. 1	Specific Instruc- tions.	Number and street (or P O bo 900 State Street	x if mail is not delivered to street a	ddress) Room/suite	G Gross receipts			
_	ended r			City or town, state or country, Salem, OR 97301	and ZIP + 4		1			
ј Арр	nication	pending					J			
			F Nam M Lee F	ne and address of principal o Pelton	officer		nis a group returr ates?	n for □ Yes 🔽 No		
			900 Sta	ate Street		anni	ates	1 165 1 110		
			Salem,	OR 97301		H(b) Are a	all affiliates includ	ed?		
	r-exem	nt status	▽ 501(c)	(3) ◀ (insert no))(1) or	_		(see instructions)		
						H(c) Gro	up exemption nu	mber 🟲		
. w	ebsit e	∷ ► www	willamette	e edu						
_			Corporat	ion Trust Association Ot	ner ►	L Year of f	ormation 1842 M	State of legal domicile OR		
Pai	1 I			e organization's mission or i						
. Governance		are we bo	orn " Willa ess of the or to pursu	mette faculty members are ir students Our graduates a ue advanced study at some	nat reflect our Northwest valucelebrated teachers and note are prepared for successful cofthe nation's most prestigion	ed scholars who areers of meanir ous graduate and	above all else ar ogful work in the p I professional scl	e deeply committed to private and public hools		
නර ගේ	2	Check th	ıs box 🛏	if the organization discont	inued its operations or dispo	sed of more than	25% of its net a	issets		
Activities &	3	Number	of voting n	nembers of the governing bo	ody (Part VI, line 1a)		. 3	59		
ΣĦΣ	4	Number	ofındepen	dent voting members of the	governing body (Part VI, line	e 1 b)	. 4	52		
ð				nployees (Part V , line 2a)			5	2,760		
				lunteers (estimate if necess			6	535		
					Part VIII, column (C), line 12	2	7a			
	ь	Net unrel	lated busi	ness taxable income from F	orm 990-T, line 34		7b			
		C + h .		1t- (Dt-)/III 1 ->			or Year	Current Year		
Ravenue	8 9			l grants (Part VIII, line 1h) revenue (Part VIII, line 2g)		10,206,430 93,565,543	8,915,295 102,198,782			
	10				nes 3, 4, and 7d)		192,746	24,024,962		
歪	11				5, 6d, 8c, 9c, 10c, and 11e)	•	-1,341,243	356,752		
	12				equal Part VIII, column (A),	line				
				<u> </u>			102,623,476	135,495,791		
	13			, , ,	lumn (A), lines 1-3)		32,012,810	36,317,426		
	14				ımn (A), line 4)		0	0		
8	15	Salaries	, other co	mpensation, employee bene	efits (Part IX, column (A), lin	es 5-	50,872,207	53,475,592		
Expenses	16a	•	ional fund	raising fees (Part IX, colum	n (A), line 11e)		0	0		
훘	b	Total fund	draising expe	enses (Part IX, column (D), line 2	5) - 2,743,924					
ш	17				1a-11d, 11f-24f)	⁻ .	34,951,177	35,995,254		
	18	Total ex	penses A	Add lines 13–17 (must equa	al Part IX, column (A), line 2!	5)	117,836,194	125,788,272		
	19	Revenue	e less exp	enses Subtract line 18 froi	m line 12		-15,212,718	9,707,519		
\$ 8 8						_	ng of Current	End of Year		
9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20	T -+-! -	soto /D=	+ V line 15\		-	Year 297 452 502			
Net Assets or Fund Balances	20 21			t X, line 16) Part X, line 26)			387,453,502 84,922,038	408,135,711 97,080,926		
Z E	22			d balances Subtract line 21		· _ 	302,531,464	311,054,785		
	t II		ture Blo			-	202,001,404	311,034,703		
Sign Here		Under per and belief	nalties of pe	rjury, I declare that I have exami correct, and complete Declaration	ned this return, including accompan of preparer (other than officer) is l	pased on all informa	tion of which prepare			
			t Olson AVP or print nam	Financial Affairs						
	1	F Type o	priprinam	e and the	T	Ta	T			
Paid	_	Preparer's signature			Date	Check if self-empolyed	Preparer's identif (see instructions)			
Prepa		Firm's nam	ne (or yours	5	•	•	EIN ▶			
Use (nly	address, a	nd ZIP + 4	r ———				EIN F		
							Phone no 🕨			

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Willamette University educates 2,500 enterprising, high-achieving students in a premier undergraduate college of arts and sciences, and graduate schools of law, business and education. We are nationally recognized for our leadership in sustainability and focus on social responsibility - qualities that reflect our Northwest values and our deeply held motto "not unto ourselves alone are we born." Willamette faculty members are celebrated teachers and noted scholars who above all else are deeply committed to the success of their students. Our graduates are prepared for successful careers of meaningful work in the private and public sectors or to pursue advanced study at some of the nation's most prestigious graduate and professional schools.

2		ition undertake any sigi 90 or 990-EZ?	, ,	.	r which were not listed on	┌ Yes ┌ No
	If "Yes," describ	e these new services o	n Schedule O			
3	services? .	ation cease conducting,		t changes in how it co	onducts, any program	┌ Yes ┌ No
	,	e these changes on Sc				
4	Section 501(c)		nizations and sectio	n 4947(a)(1) trusts	largest program services be are required to report the am service reported	
	(Code) (Expenses \$	105,313,314	ıncludıng grants of \$	36,317,426) (Revenue \$	112,113,491)
	Higher Education	Instruction and Support 180	01 students in CLA, 404	ın Law, 243 ın MBA progra	ams and 95 in MAT (2543 student	s)
4b	(Code) (Expenses \$	13,211,000	ıncludıng grants of \$) (Revenue \$	14,467,005)
	Higher Education	Auxiliary functions - Include	s room and board (for 1	,455 students), bookstore	e, and summer conferences (2543	students)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d	Other program	services (Describe in	Schedule O)			
	(Expenses \$	0	including grants of	f \$	O) (Revenue \$	0)
4e	Total program	service expenses > \$	118,524,314	4		

Part TV	Checklist	of Require	d Schedules
4·11.77 1/2	CHECKHSL	ui keuulie	u Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,		Yes	
	Parts VI, VIII, IX, or X as applicable	11	163	<u> </u>
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	ļ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
36	Section 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Par	t 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		

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 3,062			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
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	Yes	
b	If "Yes," enter the name of the foreign country LU, SP, UK See the instructions for exceptions and filing requirements for Form TD F 90-22 1, 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		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
	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).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o
a	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		N o
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
_	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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ī	Ţ	
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
O	against amounts due or received from them)			
	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 vear			

Salem, OR 97301 (503) 370-6985

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 59			
b	Enter the number of voting members that are independent 1b 52			
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	Yes	
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?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo
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	
9	Is there any officer, director, 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	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νo
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
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture 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			1,10
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►CO , WA			
18	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	ne orga	ınızatıor	n ►
	Robert N O Ison 900 State Street			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶69

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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	163	No

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
LCG Pence LLC 2747 Pence Loop SE Salem, OR 97302	Building Construction	869,066
FXG Construction LLC 1235 19th Street NE Salem, OR 97301	Construction	392,351
Cadent Energy Partners I LP 800 Westchester Avenue Suite 617N Rye Brook, NY 10573	Investment management	149,597
White Glove Building Maintenance Michael Williams PO Box 3108 Salem, OR 97302	Building maintenance	103,339
Canterbury Consulting 500 Union Street Suite 945 Seattle, WA 98101	Investment consulting	101,416
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5) who received more than	

Form 99								Page 9
Part	/	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
#\$# #\$	1a	Federated cam	paigns 1a	0				
호호	ь	Membership du	ıes 1b	0				
o €	С	Fundraising ev	ents 1c	33,424				
ž ž	d	Related organiz	zations 1d	0				
% E	e	Government grant	s (contributions) 1e	2,163,992				
5.8	f	All other contribution	ons, gifts, grants, and 1f	6,717,879				
돌		similar amounts no	ot included above ibutions included in					
<u>=</u> 5	g	lines 1a-1f \$ _	,356,421					
Contributions, gifts, grants and other similar amounts	h	Total. Add line:	s 1a-1f	▶	8,915,295			
				Business Code				
Ę	2a	Tuition and fees		611,310	87,731,777	87,731,777	0	O
Program Serwce Revenue	ь	Room and Board f	ees	900,099	11,813,377	11,813,377	0	0
е Ш	l c	Auxiliary income		611,710	2,653,628	2,653,628	0	
25	d		_	311,713	2,000,020	2,000,020		
જુ	e							
<u>e</u>	f	All other progra	am service revenue		0	0	0	
္န	-				ŭ	o o		
<u></u>	g		s 2a-2f	-	102,198,782			
	3		ome (including dividen	. h	2 121 120	0	260	2 120 070
			ar amounts)		3,121,130 42,064	0	260	, ,
	4		stment of tax-exempt bond		3,655	0	0	•
	5	Royalties .	() Pool		3,033	9		3,03
	6a	Gross Rents	(ı) Real 0	(II) Personal 0				
	ь	Less rental	0	0				
		expenses Rental income	0	0				
	C	or (loss)	-					_
	d	Net rental inco	me or (loss)		0	0	0	C
	7a	Gross amount from sales of assets other than inventory	(i) Securities 188,284,529	(II) O ther				
	ь	Less cost or other basis and sales expenses	167,422,761	0				
	С	Gain or (loss)	20,861,768	0				
	d	Net gaın or (los	ss)	▶	20,861,768	0	-64,129	20,925,897
Other Revenue	8a	events (not inc \$33	rom fundraising luding 3,424 s reported on line 1c)					
ě			ne 18					
<u>-</u>	_		a	36,375				
ŧ	b		penses b	41,822	-5,447	0	0	-5,447
•	C		(loss) from fundraising	events F	-5,447	0	0	-5,44
	9a		rom gaming activities ne 19 a	0				
	ь		penses b	0				
	С	Net income or	(loss) from gaming acti	vities	0	0	0	(
	10a	Gross sales of returns and allo		0				
	b		oods sold b	0	_	0	0	,
	С	Miscellaneous	(loss) from sales of inve	Business Code	0	0	0	
	112	Other income	5 Nevenue	900,099	1,335,268	o	0	1,335,268
	ь		ructe & apportun-	900,099	884,840	0	0	
			rusts & annuities	900,099	-1,861,564	0	0	
	d	All other reven	ue bonds refunding	330,033	0	0	0	
	a e		ue s 11a-11d					
				▶	358,544			
	12	lotal revenue.	See Instructions .	· · •	135,495,791	102,198,782	-63,869	24,445,583

	990 (2009)				Page 10			
Part	IX Statement of Functional Expenses							
_	Section 501(c)(3) and 501(c)(4) organizations m			(B)				
	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b. (B) (C) (D)							
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	35,184,028	35,184,028					
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,133,398	1,133,398					
4	Benefits paid to or for members	0	0					
5	Compensation of current officers, directors, trustees, and key employees	1,005,782	562,946	442,836	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	586,819	0	586,819	0			
7	Other salaries and wages	39,739,467	37,194,367	953,760	1,591,340			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,648,376	3,396,428	106,629	145,319			
9	Other employee benefits	5,442,813	5,069,539	158,273	215,001			
10	Payroll taxes	3,052,335	2,798,092	<u> </u>	118,142			
11	Fees for services (non-employees)	5,332,333	2,.30,032	130,101	110,112			
a	Management	0	0	0	0			
h	Legal	99,450	0		4,515			
c	Accounting	105,171	0	' 				
_	-	0	0	,				
d	Professional fundraising See Part IV June 17	0	0	0	0			
e	Professional fundraising See Part IV, line 17			1 012 544				
f	Investment management fees	1,013,544	0	, ,	0			
g	Other	630,812	502,441	 	61,571			
12	Advertising and promotion	306,681	262,882		43,799			
13	Office expenses	2,559,525	2,276,264		228,871			
14	Information technology	834,340	826,306	<u> </u>	0			
15	Royalties	0	0	Ť	0			
16	Occupancy	144,984	144,984		0			
17 18	Travel	2,272,372	2,011,257	80,494	180,621			
10	state, or local public officials	0	0	0	0			
19	Conferences, conventions, and meetings	46,152	0	46,152	0			
20	Interest	2,548,916	2,548,916	0	0			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization	5,243,515	5,243,515	0	0			
23	Insurance	658,149	19,500	638,649	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	Programming and Abroad Program	5,569,343	5,436,946	0	132,397			
b	Designated and Restricted expenses	5,029,831	5,029,831	0	0			
с	Food Service	3,103,384	3,103,384	0	0			
d	Utilities	2,520,914	2,520,914	0	0			
e	Bookstore	1,275,925	1,275,925	0	0			
f	All other expenses	2,032,246	1,982,451	27,447	22,348			
25	Total functional expenses. Add lines 1 through 24f	125,788,272	118,524,314		2,743,924			
26	Joint costs. Check here ► ☐ 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	,,-/-	, = -,-=	,,	,			

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments	•		7,517,255	2	13,012,320
	3	Pledges and grants receivable, net			12,828,036	3	9,440,383
	4	Accounts receivable, net			2,006,468	4	2,059,198
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II		n 4958(f)(1)) and			
		Schedule L			0	6	0
ssets	7	Notes and loans receivable, net			10,480,084	7	10,263,618
8	8	Inventories for sale or use			0	8	0
⋖	9	Prepaid expenses and deferred charges			1,078,450	9	1,105,849
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	216,154,983			
	ь	Less accumulated depreciation	10Ь	72,471,243	137,823,780	10c	143,683,740
	11	Investments—publicly traded securities			133,452,401	11	120,439,702
	12	Investments—other securities See Part IV, line 11			80,294,798	12	105,971,553
	13	Investments—program-related See Part IV, line 11			0	13	_
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			1,972,230	15	2,159,348
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			387,453,502	16	408,135,711
	17	Accounts payable and accrued expenses .			15,566,505	17	16,132,442
	18	Grants payable			0	18	0
	19	Deferred revenue			2,257,478	19	2,057,435
	20	Tax-exempt bond liabilities			49,681,127	20	65,285,571
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedu	le D		0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	′				
ŢŢ		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	s .		176,939	23	142,658
	24	Unsecured notes and loans payable to unrelated third parties			4,039,612	24	0
	25	Other liabilities Complete Part X of Schedule D			13,200,377	25	13,462,820
	26	Total liabilities. Add lines 17 through 25			84,922,038	26	97,080,926
ري ط		Organizations that follow SFAS 117, check here ► 🔽 and comp	plete	lines 27			
nc	77	through 29, and lines 33 and 34. Unrestricted net assets			38,928,271	27	40,290,474
<u>ಣ</u>	27	Temporarily restricted net assets			142,284,962		147,098,451
Fund Balances	28 29	Permanently restricted net assets			121,318,231	29	123,665,860
ŭ	29	Organizations that do not follow SFAS 117, check here ▶ □ a	nd co-	nnlet e	121,510,231	23	123,003,000
ΓFI		lines 30 through 34.	ila coi	npiete			
5 OF	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 fi				32	
Net ,	33	Total net assets or fund balances			302,531,464	33	311,054,785
Z	34	Total liabilities and net assets/fund balances			387,453,502	34	408,135,711
. ——	<u> </u>					-	

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

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization WILLAMETTE UNIVERSITY

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

Public Charity Status and Public Support

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

Inspection

Employer identification number

									93-038697	2	
Pa	rt I	Reas	on for Pub	olic Charity Stat	us (All orga	anızatıons ı	must compl	ete this par	t.) See ins	tructions	
he o	organız	zation is	not a private	foundation because	ıtıs (Forlır	nes 1 throug	h 11, check d	only one box)		
1	\sqcap	A churc	h, conventio	on of churches, or as:	sociation of d	churches se	ction 170(b)((1)(A)(i).			
2	굣	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedule	e E)				
3	\sqcap	A hospi	tal or a coop	erative hospital serv	vice organiza	ition describ	ed in section	170(b)(1)(A	()(iii).		
4	Γ		cal research l's name, cıt	organization operate y, and state	ed in conjunc	tion with a h	ospital descr	ibed in sectio	on 170(b)(1)	(A)(iii). Ent	erthe
5	Г	An orga	ınızatıon ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	overnmental	unıt describ	 ved in
		section	170(b)(1)(A	\)(iv). (Complete Pa	rt II)						
6	Г	A federa	al, state, or l	ocal government or	governmenta	ıl unıt descri	bed in sectio i	n 170(b)(1)(A)(v).		
7	Γ	describ	ed ın	t normally receives a		part of its si	upport from a	government	al unit or froi	m the genera	ıl public
_	_			(Vi) (Complete Pa		Vi> (C					
8	<u> </u>			described in section							
9	ı	-		t normally receives					•	•	=
		-		ties related to its ex	-	-		•	• •		
			_	ss investment incom				· ·		x) from busii	nesses
10	_	•		anization after June 3	•			•	•		
10	<u> </u>	-	_	anized and operated	•	•	•				
11	1	one or r	nore publicly	anized and operated supported organizates the type of suppo	tions describ orting organiz	oed in sectio zation and co	n 509(a)(1) o mplete lines	or section 50 11e through	9(a)(2) See	section 509	(a)(3). Check
	_		Type I	b Type II			Functionally		d		II - Other
е	Γ	other th	_	x, I certify that the o on managers and oth	•		•	•	•	•	•
f				eceived a written det	termination f	rom the IRS	that it is a Ty	ype I, Type I	I or Type III	supporting	organization,
		check t	hıs box								Ţ,
g			-	006, has the organız	ation accept	ed any gift o	r contribution	n from any of	the		
			g persons? rson who dir	ectly or indirectly co	ntrols aithai	ralone orto	ather with ne	reone descr	ibad in (ii)		Yes No
				overning body of the	•	_		2130113 46361	ibed iii (ii)	11g(i)	+ + -
			, - -	r of a person describ		-	1011			11g(ii)	
			•	ed entity of a person	• •		0.492			11g(iii	
h				g information about t						119(111	<u>/ </u>
		1 10 1146	the following	g miormation about t	ine supported	a organizatio	11(3)				
				(iii) Type of	(iv) Is the	<u> </u>	(v)		(vi)		
	(i)			organization	organizati		Did you not		Is th		(vii)
	Name		(ii)	(described on	col (ı) lıst	ed in	organizati col (i) of		organizat col (i) org		A mount of
	suppor rganıza		EIN	lines 1- 9 above or IRC section	your gove	-	suppor		in the U		support?
·	rgumz	ation		(see	docume	nt ⁷	''				
				ınstructions))	Yes	No	Yes	No	Yes	No	
				•							

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 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						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493105011031

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** WILLAMETTE UNIVERSITY 93-0386972 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.			
	-	(a) Donor advised funds	(b) Funds and otl	her accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		ıor advı	sed	┌ Yes ┌ N
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendonferring impermissible private benefit	5 5	•		┌ Yes ┌ N
Pai	t III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV,	lıne 7.
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space				
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	fied conservation contribution in the form	of a co	onservation	
	and the same same same same same same same sam			Held at the E	ind of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d		
}	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or terminate	ed by th	e organization d	urıng
ļ	Number of states where property subject to conserva	ation easement is located ►			
•	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dlıng of	violations, and	┌ Yes ┌ N
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents di	uring the year 🛌	
	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	s during	j the year ► \$	
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion		┌ Yes ┌ N
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial			
ar	Complete of the organization answered		or Otl	ner Similar A	ssets.
.a	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 fin	for public exhibition, education or research	ch ın fu		
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			▶ \$	228,42
	(ii) Assets included in Form 990, Part X			► \$	3,019,70
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or finan		
а	Revenues included in Form 990, Part VIII, line 1			► \$	
ь	Assets included in Form 990 Part Y			b - ¢	

Sche	dule D (Form 990) 2009									Page 2
Par	Organizations Maintaining Co	llections of Art,	Historical Tr	eas	ures, or Otl	ner S	Similar	Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the following t	hat a	re a significan	tuse	of its co	llectio	n	
а	Public exhibition		d Loan o	rex	change progra	ms				
b	Scholarly research		e ┌ Other							
с	Preservation for future generations									
4	Provide a description of the organization's content of the organization of the organiz	ollections and explai	n how they furthe	r the	organization's	exem	npt purp	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than					sımıla	r	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang					"Yes	" to For	m 990),	
	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	diary for contribut	ions	or other asset	s not		Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the f	ollowing table							
								A mou	ınt	
C	Beginning balance				1	С				
d	Additions during the year				1	d				
e	Distributions during the year				1	e				
f	Ending balance				1	f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					$\overline{}$	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XI\	1								
Pa	rt V Endowment Funds. Complete	ıf the organızatıon	answered "Yes	" to	Form 990, F	art I	V, line	10.		
		(a)Current Year	(b) Prior Year	_	Two Years Back	(d) Th	ree Years	Back (e	Four Y	ears Back
1a	Beginning of year balance	197,933,688	267,209,451	-						
b	Contributions	2,383,021	2,929,983	-						
c	Investment earnings or losses	31,018,728	-58,175,666	_						
d	Grants or scholarships	5,399,820	5,021,560)						
е	Other expenditures for facilities and programs	9,450,582	8,380,073							
f	Administrative expenses	1,013,544	628,447	-						
g	End of year balance	215,471,491	197,933,688	3						
2	Provide the estimated percentage of the year	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	7 % %								
ь	Permanent endowment ► 93 % %									
c	Term endowment ► 0 % %									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and	administered f	or the	e			
	organization by						1	1	Yes	No
	(i) unrelated organizations							3a(i)	Yes	
	(ii) related organizations			•		•		3a(ii)	<u> </u>	No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•		•				3b		<u> </u>
	t VI Investments—Land, Building)	Part V line 1	<u> </u>				
rei		s, and Equipmen	(a) Cost or o		(b)Cost or othe		:) Accumu	lated		
	Description of investment		basis (investm	nent)	basis (other)	`	depreciati	ion	(a) Bo	ok value
1a	Land			0	8,607,7	97				8,607,797
				0	151,954,6	52	41,77	8 793		Λ 175 <u>95</u> 0
	Buildings		•	U			,	0,7 55	11	0,175,05
b	Buildings			0	12,400,6			7,834	11	
b c	•		·			33	7,27	-	11	5,122,799
b c d	Leasehold improvements			0	12,400,6 5,868,9	33 35	7,27 5,02	7,834		0,175,859 5,122,799 847,616 8,929,669

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 12 T	(c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
O ther Hedge funds	46,035,206	F
Private Equity funds	32,611,214	<u> </u>
Real Asset funds	20,941,261	F
Venture Capital funds	6 202 072	_
Venture Capital funds	6,383,872	<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	105,971,553	
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		cost of end of year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value 2,159,348
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Iir (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Iir (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Iir (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Iir (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Iir (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Iir (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Iir (a) Descrip	ne 15.	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip Remainder trusts held by others	ne 15. tion	2,159,348
Part IX Other Assets. See Form 990, Part X, Iir (a) Descrip	ne 15. tion 5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip Remainder trusts held by others Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. tion 5.)	2,159,348
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip Remainder trusts held by others Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes U S government loans advances, refundable	5.) , line 25. (b) A mount 6,827,700	2,159,348

Reconcination of Change in Net Assets from Form 990 to Financial Staten		
Total revenue (Form 990, Part VIII, column (A), line 12)	1	135,495,791
Total expenses (Form 990, Part IX, column (A), line 25)	2	125,788,272
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	9,707,519
4 Net unrealized gains (losses) on investments	4	-1,184,198
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	0
9 Total adjustments (net) Add lines 4 - 8	9	-1,184,198
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	· · ·
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenu		
1 Total revenue, gains, and other support per audited financial statements	1	97,157,693
A mounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
a Net unrealized gains on investments	8	
b Donated services and use of facilities	0	
c Recoveries of prior year grants	0	
d Other (Describe in Part XIV) 2d	0	
e Add lines 2a through 2d	. 2e	-1,184,198
3 Subtract line 2e from line 1	3	98,341,891
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,013,54	4	
b Other (Describe in Part XIV)	6	
c Add lines 4a and 4b	4c	37,153,900
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	135,495,791
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es pe	
1 Total expenses and losses per audited financial statements	1	88,634,372
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	<u>-</u>	
a Donated services and use of facilities		
b Prior year adjustments	0	
c Other losses	0	
d Other (Describe in Part XIV)	22	
e Add lines 2a through 2d	2e	41,822
3 Subtract line 2e from line 1	3	88,592,550
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,013,5	44	
b Other (Describe in Part XIV)	78	
c Add lines 4a and 4b	4c	37,195,722
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	125,788,272
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 IV, 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 Also complete this part to provide any

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	Willamette University has a collection of art and cultural/historical artifacts that consists of paintings, photographs, ceramics, drawings, archaeological artifacts, textiles, sculptures, Native American woven baskets, and other media. The collection is valued at \$3,019,706 and is held in the University Art Museum. The museum exists to support the liberal arts curriculum of Willamette University, and to serve as an intellectual and cultural resource for the City of Salem and beyond, through the collection, preservation, exhibition, and interpretation of historical and contemporary art with an emphasis on regional art.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The endowment funds held by the University are used to support operations including financial aid, instruction, and buildings
SchD_P10_S00_L00	Schedule D, Part X	The Internal Revenue Service has recognized the University as exempt from tax under the provisions of Section 501(c) (3) of the Internal Revenue Code except to the extent of unrelated business income under Sections 511 through 515 Unrelated business income tax is insignificant, and therefore, no tax provision has been made
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Student scholarships of \$36,182,178 are net against tuition and fees on the Financial Statement's Statement of Activities to show net tuition and fees. Tuition and fees are grossed up by this amount in Part VIII of the 990 which increases the revenue amount on Line 12. In addition, fundraising direct expenses of \$41,822 are included in the calculation of total revenue as reported in Part VIII, Line 12, but are not included in revenue on the Statement of Activities. Thus, revenue in Part VIII of the 990 is decreased by this amount. The net effect of these two items is an increase in revenue in part VIII of the 990 of \$36,140,356
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Direct expenses for fundraising events totaling \$41,822 are included in expenses on the Statement of Activities in the audited financial statements. However, they are not included in Part IX of the 990 Rather, they are included in the calculation of total revenue in Part VIII
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Student scholarships of \$36,182,178 are net against tuition and fees on the Statement of Activities to reduce total revenue on the audited financial statements. They are not included in total expenses on the Statement of Activities. However, student scholarships are reported as an expense in Part IX of the 990 and are included in total expenses as reported on Line 25

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

WILLAMETTE UNIVERSITY

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

93-0386972 YES NO 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 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 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 posted its policy in the Oregonian newspaper during the period of solicitation for students Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **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? 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, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? Νo 6b If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🦸 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form Yes 990)

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DLN: 93493105011031

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspect ion

Internal Revenue Service Name of the organization WILLAMETTE UNIVERSITY

Employer identification number

93-0386972

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

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance?	Yes	Г	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)

J Matinitas per Region (o	oc ochicache i	(1 01111 3 3 0) 11 a a a	antional space is necessary		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmakıng		4,500
Central America and the Caribbean			Investments		
East Asia and the Pacific	0	0	Program Services	Study Abroad Program	93,482
East Asia and the Pacific	0	0	Grantmakıng		308,731
Europe (including Iceland and Greenland)	1	2	Program Services	Study Abroad Program	876,317
Europe (including Iceland and Greenland)	0	0	Grantmakıng		460,438
Europe (including Iceland and Greenland)			Investments		
Middle East and North Africa	0	0	Grantmakıng		7,000
North America (including Canada and Mexico, but not the United States)	0	0	Grantmakıng		23,625
Russia and the newly independent States	0	0	Grantmaking		6,500
South America	0	0	Grantmakıng		233,187
South Asia	0	0	Grantmaking		5,250
Sub-Saharan Africa	0	0	Grantmakıng		84,167
	1	2			2,103,197
For Privacy Act and Panerwork R	eduction Act Notic	e see the Instruc	tions for Form 990	Cat No. 50082W Sche	edule F (Form 990) 2009

Part IV	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000										
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►				
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

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

Use Scriedule	: 1 -1 (101111 330) 11 au	uluollai space	is needed.				
(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)
Scholarships	Europe (including Iceland and Greenland)	50	460,438	Applied to student bill to offset tuition and fees			
Scholarships	East Asia and the Pacific	31	308,731	A pplied to student bill to offset tuition and fees			
Scholarships	South America	22	233,187	A pplied to student bill to offset tuition and fees			
Scholarships	Sub-Saharan A frica	9	84,167	A pplied to student bill to offset tuition and fees			
Scholarships	North America (including Canada and Mexico, but not the United States)	2	23,625	Applied to student bill to offset tuition and fees			
Scholarships	Middle East and North Africa	1	7,000	Applied to student bill to offset tuition and fees			
Scholarships	Russia and the newly independent States	1	6,500	A pplied to student bill to offset tuition and fees			
Scholarships	South Asia	1	5,250	Applied to student bill to offset tuition and fees			
Scholarships	Central America and the Caribbean	1	4,500	A pplied to student bill to offset tuition and fees			

Part IV			
			In Part I, line 2, and any additional information.
SchF_P01_	Identifier _S00_L02	ReturnReference Schedule F, Part I, Line 2	Explanation Scholarships/grants awarded to students that are studying abroad are applied to their student accounts. The scholarships offset tuition and fees to reduce the amount that students owe to the University. Thus, the students do not physically receive the money. So, there is not a need to have any procedures that differ from students that are attending on campus - other than the verification of participation and completion of the program. The following are the procedures followed by the University for monitoring the use of scholarship/grant funds. The Business. Office notifies the Financial Aid Office of amounts available to award to students each academic year. Financial Aid Office selects recipients based upon criteria established for each type of funding. Financial Aid Office notifies the Business. Office of expenditures for each term during the academic year. At year-end, Financial Aid Office and Business. Office reconcile accounts for all funds. For donor-contributed scholarships (endowed or annually funded), the Development Office provides annual reports to the donors regarding the use of those funds.
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DLN: 93493105011031

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

> Phone solicitations In-person solicitations

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Employer identification number WILLAMETTE UNIVERSITY Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants

Special fundraising events

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
-		1.03	110					
_								
otal								

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	t II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1 FORE Willamette (event type)	(b) Event #2 Puttin' on the Ritz (event type)	(c) O ther Events 0 (total number)	(d) Tot (Add col		
₽	1	Gross receipts	61,441	8,358			6	9,799
Revenue	2	Less Charitable contributions	33,424	0			3	3,424
<u> </u>	3	Gross income (line 1 minus line 2)	28,017	8,358			3	6,375
	4	Cash prizes	0	0				0
တ	5	Non-cash prizes	4,899	0				4,899
suse	6	Rent/facility costs	16,257	0			1	6,257
Expenses	7	Food and beverages	6,147	5,643			1	1,790
Direct	8	Entertainment	0	0				0
₫	9	Other direct expenses .	6,223	2,653				8,876
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			4	1,822
	11	Net income summary Combine li	nes 3, column d, and line	10			-	5,447
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	ו
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct D	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	│ Yes			
		Direct expense summary Add line Net gaming income summary Com					1	
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain			 .	· 9a	Yes	No
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspen	ded or terminated during	the tax year?	10a		
11 12	Is t	es the organization operate gaming the organization a grantor, beneficianed to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity	11 12 190 or 990-	 -EZ) 20	009

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter 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?	,	
b	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 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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DLN: 93493105011031 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

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

Open to Public

lame of the organization						Employer identifica	tion number
VILLAMETTE UNIVERSITY						93-0386972	
the selection criteria us Describe in Part IV the Part II Grants and Or Form 990, Part	naintain records to sed to award the gran organization's proce ther Assistance IV, line 21 for an	ubstantiate the amount of the standard standard the amount of the standard standard the use to Governments and the standard receive 1990) if additional space	e of grant funds in the Organizations in more than \$5,000	United States the United States Check this box if n		anızatıon answered ' ded more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of	(h) Purpose of grant or assistance
		government organizations					

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

(a)Type of grant or assistance	(b)N umber 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
Scholarships to students	2213	35,048,780			
Student research grants	46	77,775			
Faculty research grants	23	53,673			
Other student awards & prizes	16	3,800			

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

Schalle I, Part I, Line 2 Procedures for monitoring of scholarships - The Business Office notifies the Financial Aid Office of amounts available to award to students each academic year Financial Aid Office selects recipients based upon criteria established for each type of funding Financial Aid Office notifies the Business Office of expenditures for each term during the academic year At year-end, Financial Aid Office and Business Office reconcile accounts for all funds. For donor-contributed scholarships (endowed or annually funded), the Deophement Office provides annual reports to the donors regarding the use of those funds Procedures for monitoring procedures for the use of grant funds. However, the monitoring procedures for the use of grant funds. However, the monitoring of the project, receipts must be submitted for reimbursement of project expenditures. Final payment of grant funds in often ontingent on the aforementioned items. The Department that awards the grants handles the related monitoring of those grant funds. Procedures for monitoring other student awards & prizes. A ward/prize recipients are determined by criteria established by the respective departments. Departments work with the Accounting Office to make sure that the award funds go to the correct student.	Ident if ier	Return Reference	Explanation
	SchI_P01_S00_L02	Schedule I, Part I, Line 2	award to students each academic year Financial Aid Office selects recipients based upon criteria established for each type of funding Financial Aid Office notifies the Business Office of expenditures for each term during the academic year At year-end, Financial Aid Office and Business Office reconcile accounts for all funds. For donor-contributed scholarships (endowed or annually funded), the Development Office provides annual reports to the donors regarding the use of those funds. Procedures for monitoring research grants - There are several different departments that offer research grants at Willamette Each department has different monitoring procedures for the use of grant funds. However, the monitoring procedures typically involve the following: a written and/or verbal report on the research project must be submitted during and/or at the conclusion of the project, receipts must be submitted for reimbursement of project expenditures. Final payment of grant funds is often contingent on the aforementioned items. The Department that awards the grants handles the related monitoring of those grant funds. Procedures for monitoring other student awards & prizes - Award/prize recipients are determined by criteria established by the respective departments. Departments work with the Accounting Office to make sure that the award funds

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493105011031

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

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Name	of	t he	orga	nizat	ion
WILLAM	IEΠ	TE UN	IIVĒR!	SITY	

Employer identification number

93-0386972

Pa	rt I Questions Regarding Compensation					
			Yes	Νo		
1a	Check the appropiate 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					
	First-class or charter travel Housing allowance or residence for personal use					
	☐ Travel for companions ☐ Payments for business use of personal residence					
	▼ Tax idemnification and gross-up payments ▼ Health or social club dues or initiation fees					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		No		
2	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			
3	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					
	Compensation committee					
	Independent compensation consultant					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment?	4a		Νo		
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo		
С						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.					
5	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					
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, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a		Νo		
ь	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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No		
8	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					
	in Part III	8		Νo		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9				

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
M Lee Pelton - See Sch J Pt III	(ı) (ıı)	361,738 0	0	339,653 0	24,500 0	72,563 0	798,454 0	(
William A Yasınskı	(ı) (ıı)	144,623 0	0	2,574 0	12,500 0	9,456 0	169,153 0	(
Robert Olson	(ı) (ıı)	152,912 0	0	2,937 0	15,319 0	7,182 0	178,350 0	(
Kristen Grainger	(ı) (ıı)	125,710 0	0 0	388 0	13,253	13,772 0	153,123 0	(
Symeon Symeonides	(ı) (ıı)	273,889 0	0	12,466 0	24,500 0	18,639 0	329,494 0	
David Douglass	(ı) (ıı)	178,463 0	0	500 0	17,864 0	7,017 0	203,844	
Debra Ringold	(ı) (ıı)	221,700 0	0	9,648 0	22,257 0	9,327 0	262,932 0	(
Madeleine Rhyneer	(ı) (ıı)	196,585 0	0 0	30,389 0	20,038	10,371 0	257,383 0	(
Ron Korvas	(ı) (ıı)	221,157 0	0	4,611 0	21,427 0	10,566	257,761 0	(
Peter Letsou	(ı) (ıı)	185,723 0	0	585 0	18,717 0	2,899	207,924	(
David Clark	(ı) (ıı)	176,613 0	0	4,298 0	16,568 0	14,980 0	212,459 0	(

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	First class travel for business purposes was provided to the University President. The University President received a tax gross-up payment during calendar year 2009 that was related to a one-time retention payment paid during calendar year 2008. Please see the note for Schedule J, Part II below for more details on this payment. The University President is required as a condition of employment to maintain a personal residence in a house provided by the University. The housing arrangement is for the convenience of the University and the house is used for University business. Housing allowances were paid to the Dean of the Law School and to the Vice President for Admission & Financial Aid. Club memberships were provided to the University. President, the Dean of the Law School, the Vice President for Financial Affairs, the Dean of the Graduate School of Management, and the Vice President for Development & Alumni Relations. Personal services - childcare, housekeeping, landscaping - were provided to the University President.
SchJ_P01_S00_L01b	Part I, Line 1b	The benefits noted in 1a that were given to the President, M Lee Pelton, were determined by the compensation committee, an ad-hoc committee of members from the board of trustees. The full board of trustees approved these benefits as proposed by the compensation committee. The board of trustees grants the University President the authority to define and negotiate compensation packages with employees. Thus, the benefits noted in 1a for officers, key employees, and highly compensated employees were set forth in this manner.
SchJ_P02_S00_L00		Compensation information reported on the University's Form 990 for the 2008-09 fiscal year included the \$349,000 loan made to the President by the University, M. Lee Pelton, as part of a one-time retention agreement which provided that the loan would be forgiven after five years. This forgiveness of indebtedness created taxable income for the President in 2008. The Board authorized a one-time payment to him in 2009 of \$291,543, sufficient to cover the tax liabilities associated with forgiveness of the loan. This payment was included in his taxable income for 2009.

DLN: 93493105011031

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.

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Name of the organization WILLAMETTE UNIVERSITY

Bond Issues

Department of the Treasury Internal Revenue Service

Employer identification number

93-0386972

(a) Issuer Name		(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Description of Purpose		(g) Defeased		(h) O n Behalf of Issuer		
												No	Yes	No
A	State of Oregon - Oregon Facilities Authority	93-6001787	00068608J	06-14-	2007	32,4	09,522	See Schedul	e O			x		Х
В	State of Oregon - Oregon Facilities Authority	93-6001787	68608JMC2	05-06-	2010	28,5	40,002	See Schedul	e O			х		Х
Pa	rt III Proceeds													
					4		В		С	C	<u> </u>		E	
1	Total proceeds of issue			3	2,409,522		8,540,00							
	Gross proceeds in reserve funds				C	1	6,137,9	20						
_3	Proceeds in refunding or defeasar	nce escrows			8,552,379 13,642,850									
4	Other unspent proceeds				0 0									
5	Issuance costs from proceeds				419,966		373,227							
6	Working capital expenditures from proceeds				0		0							
7	Capital expenditures from proceeds			23,437,177			8,386,005							
8	Year of substantial completion			2009 2011										
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is	ssue?		х		×							
10	Were the bonds issued as part of	an advance refundinç	j issue?	Х		х								
11	Has the final allocation of proceed	ds been made?		Х			×							
12	Does the organization maintain active the final allocation of proceeds?	Х		Х										
Pa	rt IIII Private Business Use	1								_				
					A 		В			D		ļ .,	E	
	We all a superior to a superior			Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in which owned property financed by		emper or an LLC,		×		Х							
2	Are there any lease arrangements which may result in private busing		financed property		х		Х							
For	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2009													

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A		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?		х		х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		Х						
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		x		x						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %							
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		Х							
Da	rt IV Arhitrage										

Part IV Arbitrage

			Α		3	1	С	ı	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		x						
2	Is the bond issue a variable rate issue?		х		×						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		х						
b	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?	Х			Х						
ь	Name of provider	GE Capital									
С	Term of GIC		120109								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х									
5	Were any gross proceeds invested beyond an available temporary period?		х		х						
6	Did the bond issue qualify for an exception to rebate?		х		х						
									Cahadul	o V /Form 00/	0) 2000

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OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization WILLAMETTE UNIVERSITY							Employer identification number			
							3-03869			
Part I Excess Benefit Train Complete if the organizat									40b	
								,		rrected?
1 (a) Name of disq	uaiiiieu	persor		(b) Des	riptio	on of trans	action		Yes	No
									+	
									+	
									-	
2 Enter the amount of tax impos	ed on t	he oraa	anızatıon managers	or disqualified pers	ons c	during the v	ear unde	ır		
section 4958		_	_				🕨	* \$		
3 Enter the amount of tax, if any	, on line	2, ab	ove, reimbursed by	the organization .			🕨	* \$		
Part II Loans to and/or l	From	Inter	ested Dersons							
Complete if the organiz					, or F	orm 990-E	Z, Part \	/ , line 38a		
	(b) L	oan to				_	(f)			
(a) Name of interested person and	1 ' '	m the		. (d)Balance due		e) In fault?	Appro		(g) Writte agreemer	
purpose	organı	zation?	principal amoun	t (d)Balance due	"	iauit.	by board or a			
	То	From	1		Yes	. No	Yes	No	Yes	No
Total		'	<u> ► s</u>	<u> </u>						
Part IIII Grants or Assistar										
Complete if the orga						e 27.				
(a) Name of interested pers	on			ween interested pe organization	rson	(c)A m	nount of g	rant or type	ofassis	tance
Need based scholarships		FE	ERPA privacy	organization -						12,000
Music scholarship			ERPA privacy							2,000
Part IV Business Transact Complete if the orga					/. lın	e 28a. 28	b. or 28	Sc.		
			b) Relationship		, 				(e) SI	naring of
(a) Name of interested person		bet	tween interested	(c) A mount of		(d) Desc	rintion of	transaction	organ	ızatıon's
(a) Name of meetested perso	. •		person and the organization	transaction		(4) 5 0 5 0		transaction	1646	nues?
Brian Hoyt		Sono	of Trustee George	107 (124	Employme	nt		Yes	No No
Brian Hoye		Hoyt	-	107,0	′- 7	Linbioxille				
Carolyn Hoyt		_	hter-in-law of	129,6	564	Employme	nt			Νο
		_	tee George Hoyt						+	1
Mary DeMuniz		Spou	se of Trustee Paul uniz	45,6	99	Employme	nt			Νo
Jım Booth		+	er of Trustee Jay	64.2	249	Employme	nt		+	Νο
		Booth	•				-			1

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization WILLAMETTE UNIVERSITY

Employer identification number

Рa	rt I Types of Property				93-03869/2			
	Types of Freperty	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of dete revenue		g	
1	Art—Works of art	X	36		Opinion of Experts			
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications	х		76 173	Sale of comparable boo	nks		
	Clothing and household			, 5,2,75	oute of comparable po			
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	31	1,021,801	Selling price			
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 .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Archeological artifacts							
	Athletic							
25	Other (equipment)	X	2	812	Cost of donated items			
	Food, beverages and other items donated for							
26	campus Other ▶ (events)	x	11	2,718	Cost of donated items			
	Fundraiser			, ==				
27	Other \blacktriangleright (<u>auction items</u>)	Х	36	4,899	Cost of donated items			
	Furniture and							
28	office Other ► (equipment)	x	3	5.398	Cost of the donated pr	operty		
	Musical			5,515	р.	<u> </u>		
	Other ► (<u>instruments</u>)	X	1	16,200	O pinion of experts			
29	Number of Forms 8283 received for which the organization compl		<u>-</u>		29			3
						Y	es	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?		3	0a	_	No
	If "Yes," describe the arrangeme							
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	81 Y	es	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell		2a Y	es	
h	If "Yes," describe in Part II				3	<u>-u '</u>	-3	
33	If the organization did not report	revenues i	n column (c) for a type of n	roperty for which column (a) is checked.			
	describe in Part II	.cvenues I	solullin (c) for a type of p	Topolog for willon column (a	, is checked,			

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.

Ident if ier	Return Reference	Explanation
SchM_P01_S00_L00		Part I, column b represents the number of donors who made contributions for the applicable categories
SchM_P01_S00_L32b	, ,	Securities that are donated to the University are sold by investment brokerage firms. In addition, the University uses a third party to help process noncash donations for an annual fundraiser.

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 93-0386972

Name: WILLAMETTE UNIVERSITY

As Filed Data efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

DLN: 93493105011031

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

Employer identification number

Name of the organization WILLAMETTE UNIVERSITY 93-0386972

ldentifier	Return Reference	Explanation
F990_P05_S00_L04b	Form 990, Part V, Line 4b	Willamette University filed a Report of Foreign Bank and Financial Accounts, TD F 90-22 1, related to the financial accounts in the countries noted in Part V, Line 4b

ldentifier	Return Reference	Explanation
F990_P06_S0A_L01a	Form 990, Part VI, Section A, Line 1a	The University Bylaw's grant broad authority to the Executive Committee of the Board of Trustees to act as an interim Board. It is comprised of the Chair of the Board, the Vice Chair of the Board, the Treasurer, the Secretary, the President of the University, and the chair of the following committees Endowment, Financial Affairs & Audit, Facilities & Technology, and University Relations. All of the voting members of the Executive Committee are members of the Board of Trustees or Officers of the corporation.

ldentifier	Return Reference	Explanation
F990_P06_S0A_L01b	Section A, Line 1b	As is noted in Schedule O for question 12c, board members with a conflict of interest disclose this fact to either the Chairman of the Board, the University President, or the Chair of the relevant committee. Then, an appropriate course of action is taken such as refraining from participation in the matter to which the conflict relates.

Identifier Return Reference		Explanation
F990_P06_S0A_L02	The state of the s	Patricia Smullin, trustee, and Donald Brown, trustee Family relationship Robert Packard, trustee, and Eric Friedenwald-Fishman, trustee Business relationship Punit Renjen, trustee, and James Albaugh, trustee Business relationship

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The Form 990 and its accompanying schedules are reviewed by the Controller, the Vice President for Financial Affairs and the President. Then, the draft of the 990 is posted to a secure wiebsite that can only be accessed by members of the Board of Trustees. Board members are notified via e-mail that the 990 is available to review on the secure wiebsite. In addition, both the Finance Committee and the Executive Committee review and discuss the return. After the form has been reviewed by all noted parties it is modified (if necessary) and finalized. Then, it is submitted to the IRS.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The conflict of interest policy that applies to all Officers, members of the Board of Trustees and Key Employees is distributed and review ed annually, all Trustees, Officers and Key Employees must complete, sign, and return the policy to the President's Office or the Vice President for Financial Affairs. The Board's process for addressing conflicts of interest in accordance with the adopted above-referenced policy is as follows. "If an individual believes that he or she may have a conflict of interest, the individual shall promptly and fully disclose the conflict on a formand to the Chairman of the Board of Trustees or President, or the Chair of any Committee of the Board considering the matter, and shall refrain from participating on behalf of the University in the matter to which the conflict relates until the conflict question has been waived by vote of the Board of Trustees or a Committee of the Board afer the material facts of the transaction and the individual's interest are disclosed or known to the Board or Committee of the Board, or otherwise resolved in compliance with the Oregon Nonprofit Corporation Act (ORS ch. 65). "The Board Chair, President, Board Treasurer and Administrative Secretary of the Board monitor compliance on an ongoing basis. Monitoring activities may include review of meeting minutes by the Administrative Secretary to identify potential/developing conflicts or conflicts that may have already occurred, informal discussions with Committee chairs, key staff or Board officers to raise awareness of conflicts and potential conflicts.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L14	1	The University has formed a committee charged with the creation of a document retention and destruction policy. In addition, a consulting firm has been hired to assist the University with the process of creating a policy and related procedures. A policy draft has been created as a result of this process.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	An ad hoc committee of members of the Board of Trustees established the compensation for the President of the University. The committee consisted of three members that did not have a conflict of interest per IRS regulations section 53-4958-6(c)(1)(iii). In order to establish an appropriate level of compensation, the committee gathered data from similar sized private liberal arts colleges located in the northwestern United States. The data from the schools was obtained directly from each institution. In addition, a review of compensation as reported on the 990's of other similar sized private liberal arts universities was performed. Once the amount was decided upon the information was passed on to the Executive Committee. The Executive Committee subsequently approved the compensation package. This process last occurred in May of 2009.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L17	, ,	The University has recently reviewed its state registration requirements for states and is in the process of completing the required registration paperwork for the applicable states

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Audited financial statements are posted on the University wiebsite. The conflict of interest policy and the University's governing documents are not made available to the public

ldentifier	Return Reference	Explanation
F990_P07_S0A_L01a	· '	Paul DeMuniz, a board member listed under Line 1a, was compensated as an Adjunct Professor at Willamette University's College of Law. His compensation was not related to his position as a member of the board of trustees. Larry Large, Interim President, served his term beginning in January of 2010. He is a current officer per the 990 definition, but did not serve and was not compensated during calendar year 2009. These factors result in showing hours worked, but no compensation. His compensation is incorporated into the fiscal year reporting in Part IX of the 990.

ldentifier	Return Reference	Explanation
SchK_P01_S00_L00f	Schedule K, Part I, Column f	Line A) - Bond issue date 6/14/2007, CUSIP 00068608J. The proceeds of the bonds were used to repay the outstanding line of credit, to finance the construction of five major projects, and to advance refund \$8,400,000 of the Series 2004 bonds, which were issued on June 30, 2004. Line B) - Bond issue date 5/6/2010, CUSIP 68608JMC2. The proceeds of the bonds were used to repay the outstanding line of credit, to advance refund the remaining balances of the Series 2004 (issued June 30,2004) and Series 2005 (issued 8/18/2005) bonds, to provide funding for several capital projects, and to assist with other facility upgrades and improvements.

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DLN: 93493105011031

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the organization **Employer identification number** WILLAMETTE UNIVERSITY 93-0386972 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end assets	-of-year	(h Disprop allocat	rtionate	Code ' amount in Schedi	i) V—UBI box 20 of ule K-1 1065)	(j Gener mana partr	al or ging
								Yes	No			Yes	No
	ecause it had one		elated organization	s a Corporation or s treated as a corporation (c) Legal domicile		ng the tax ye (e) Type of entity		total		(g) are of	(h) Percentage		
	or related organization	Fillialy a	ctivity	(state or foreign	entity	(C corp, S corp, or trust)	IIICOII			of-year ssets	ownership		
	or related organization	Filliary a		(state or	entity		incom				ownersnip		
	or related organization	Fillinary a	carricy	(state or foreign	entity		incon				ownersnip		
	or related organization	riillaly a		(state or foreign	entity		ilicon				ownersnip		
	Trelated organization	Fillialy a		(state or foreign	entity		IIICOII				ownersnip		
	Treated organization	Fillialy a		(state or foreign	entity		IIICOII				ownersnip		
	Trelated organization	riiilaiy a		(state or foreign	entity		IIICOII				ownersnip		
	Trelated organization	Filliary a		(state or foreign	entity						ownersnip		
See Additional Data Table	Treated organization	Fillingly a		(state or foreign	entity		Incom				ownersnip		
	Trelated organization	Filliary a		(state or foreign	entity						ownersnip		

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 34, 35, or 36.)		V	N					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No					
	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?									
_	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					
	Gift, grant, or capital contribution from other organization(s)		1c		No					
	Loans or loan guarantees to or for other organization(s)		1d		No					
е	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)		1 g		No					
h	Exchange of assets		1h 1i		No No					
i	i Lease of facilities, equipment, or other assets to other organization(s)									
j	Lease of facilities, equipment, or other assets from other organization(s)		1 j		No					
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No					
I	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		1 n		No					
o	Reimbursement paid to other organization for expenses		10		No					
р	Reimbursement paid by other organization for expenses		1 p		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 must complete this line, including covered relationships	and transaction thres	holds							
	(a)	(b)		(c)						
	Name of other organization	Transaction type(a-r)		t involve	ed					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)			1							

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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	(state or foreign partners end-of-year country) section assets 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or inaging artner?		
			Yes	No		Yes	No		Yes	N
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Software ID: 09000073 **Software Version:** v1.00

EIN: 93-0386972

Name: WILLAMETTE UNIVERSITY

Form 990, Schedule R, Part IV - Iden		Related Organi:	zations Taxable a	as a Corporation	n or Trust		1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
CR and DE Beaton CRUT 900 State Street Salem, OR97301 20-6785038	Charitable Remainder Trust	OR	N/A	Т	0	168,001	1 00 %
Brosterhous CRUT 900 State Street Salem, OR97301 83-6051274	Charitable Remainder Trust	OR	N/A	Т	0	47,952	1 00 %
WC and BA Bunney CRUT 900 State Street Salem, OR97301 37-6407370	Charitable Remainder Trust	OR	N/A	Т	0	340,455	1 00 %
PDH Donald CRUT 900 State Street Salem, OR97301 77-6271148	Charitable Remainder Trust	OR	N/A	Т	0	80,290	1 00 %
DC Hamilton Charitable Remainder Unitrust	Charitable Remainder Trust	OR	N/A	Т	0	39,037	1 00 %
G and C Hoyt Unitrust 900 State Street Salem, OR97301 93-1237857	Charitable Remainder Trust	OR	N/A	Т	0	333,111	1 00 %
RH and R Lafky Estate Trust 900 State Street Salem, OR97301 93-6121923	Simple Trust	OR	N/A	Т	0	26,521	1 00 %
VD McConnell CRUT 900 State Street Salem, OR97301 93-6345807	Charitable Remainder Trust	OR	N/A	Т	0	67,469	1 00 %
G Morgan Charitable Remainder Unitrust I 900 State Street Salem, OR97301 68-6240871	Charitable Remainder Trust	OR	N/A	Т	0	56,116	1 00 %
G Morgan Charitable Remainder Unitrust II 900 State Street Salem, OR97301 68-6240872	Charitable Remainder Trust	OR	N/A	Т	0	333,943	1 00 %
G Morgan Charitable Remainder Unitrust VII 900 State Street Salem, OR97301 68-6240878	Charitable Remainder Trust	OR	N/A	Т	0	114,008	1 00 %
JJ Nichols Charitable Remainder Unitrust 900 State Street Salem, OR97301 20-6307663	Charitable Remainder Trust	OR	N/A	Т	0	92,551	1 00 %
EA and HJ Peters CRUT 900 State Street Salem, OR97301 68-6240880	Charitable Remainder Trust	OR	N/A	Т	0	61,653	50 %
DA and ME Peterson CRUT 900 State Street Salem, OR97301 20-6670537	Charitable Remainder Trust	OR	N/A	Т	0	41,009	1 00 %
C and C Poppert CRUT 900 State Street Salem, OR97301 93-1202968	Charitable Remainder Trust	OR	N/A	Т	0	1,121,284	1 00 %
WL and LK Richter CRUT 900 State Street Salem, OR97301 93-1237864	Charitable Remainder Trust	OR	N/A	Т	0	35,587	45 %
Slack Charitable Remainder Unitrust 900 State Street Salem, OR97301 73-6353995	Charitable Remainder Trust	OR	N/A	Т	0	210,241	1 00 %
Svarverud Charitable Remainder Unitrust 900 State Street Salem, OR97301 30-6214957	Charitable Remainder Trust	OR	N/A	Т	0	51,065	1 00 %
CE and TW Thompson CRUT 900 State Street Salem, OR97301 20-6370927	Charitable Remainder Trust	OR	N/A	Т	0	168,507	1 00 %
•	Charitable Remainder Trust	OR	N/A	Т	0	262,023	50 %
AE Voigt Charitable Remainder Unitrust 900 State Street Salem, OR97301 91-1794468	Charitable Remainder Trust	OR	N/A	Т	0	209,666	1 00 %
DE Walwyn CRUT I 900 State Street Salem, OR97301 93-6302582	Charitable Remainder Trust	OR	N/A	Т	0	338,775	1 00 %
DE Walwyn CRUT II 900 State Street Salem, OR97301 91-1786078	Charitable Remainder Trust	OR	N/A	Т	0	490,375	1 00 %
R and A Waring CRUT 900 State Street Salem, OR97301 93-6302516	Charitable Remainder Trust	OR	N/A	Т	0	56,959	40 %
L Wilfert Charitable Remainder Unitrust 900 State Street Salem, OR97301 93-1202837	Charitable Remainder Trust	OR	N/A	Т	0	16,963	25 %
RD and MA Wilson CRUT 900 State Street Salem, OR97301 20-6287410	Charitable Remainder Trust	OR	N/A	Т	0	475,753	1 00 %

Software ID: Software Version:

EIN: 93-0386972

Name: WILLAMETTE UNIVERSITY

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours per	Posi t	tion (hat a	che	′)	_	ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Peter Kremer Board Member	0	×						0	0	0		
Jay Booth Board Member	0	Х						0	0	0		
A Brian Gard	0	×						0	0	0		
Board Member Robert Hoshibata									0			
Board Member	0	Х						0	0	0		
Mary Hughes Board Member	0	×						0	0	0		
Melvin Henderson-Rubio	0	Х						0	0	0		
Board Member Robert Packard												
Board Member	0	Х						0	0	0		
Stuart Hall Board Member	0	×						0	0	0		
Susan Hammer	0	Х						0	0	0		
Board Member Margaret Moreland		, , ,						0	0			
Board Member	0	X						0	0	0		
Lıla Schmıdt Board Member	0	Х						0	0	0		
Katherine Conolly Board Member	0	×						О	О	0		
Paul DeMuniz - See Schedule O Board Member	5	х						9,000	0	0		
James Fitzhenry Board Member	0	×						0	0	0		
Eric Friedenwald-Fishman	0	x						0	0	0		
Board Member Roderick Wendt												
Board Member	0	X						0	0	0		
John Wittmayer Board Member	0	×						0	0	0		
Heather Dempsey Board Member	0	Х						0	0	0		
Dale Hermann	0	×						0	0	0		
Board Member Robert Nunn									0			
Board Member	0	Х						0	0	0		
Julie Branford Board Member	0	×						0	0	0		
Patrıcıa Smullın	0	X						0	0	0		
Board Member Guy Stephenson	0							0	0	<u> </u>		
Board Member James Albaugh										_		
Board Member	0	Х						0	0	0		
Bradley Kıng Board Member	0	×						0	0	0		
!	1	<u> </u>				<u> </u>		1		i		

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		(C tion (hat a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Punit Renjen Board Member	0	×						0	0	0	
Sandra M Rowe Board Member	0	Х						0	0	0	
Jacqueline Rushing		, , ,						0	0	0	
Board Member	0	Х						U	0	0	
Dale Sause Board Member	0	×						0	0	0	
Ronald J Knox Board Member	0	х						0	0	0	
Ray Atkınson Lıfe Board Member	0	х						0	0	0	
Ralph Bolliger	0	×						0	0	0	
Life Board Member Robert Burtner	-							0	0		
Life Board Member	0	Х						0	0	0	
Stewart Butler Lıfe Board Member	0	×						0	0	0	
Wallace Carson Jr Lıfe Board Member	0	×						0	0	0	
Marıbeth Collins Lıfe Board Member	0	×						0	0	0	
Gerald Frank Lıfe Board Member	0	х						0	0	0	
Alan Goudy Lıfe Board Member	0	х						0	0	0	
Henry Haines Life Board Member	0	х						0	0	0	
Dale Harris Life Board Member	0	Х						0	0	0	
Mark O Hatfield Life Board Member	0	х						0	0	0	
Henry Hewitt Life Board Member	0	Х						0	0	0	
Douglas Houser Lıfe Board Member	0	х						0	0	0	
George Hoyt Lıfe Board Member	0	х						0	0	0	
William Kilkenny Life Board Member	0	Х						0	0	0	
Eric Lindauer Life Board Member	0	Х						0	0	0	
William Long Life Board Member	0	х						0	0	0	
Joan McNamara Life Board Member	0	х						0	0	0	
Thomas Neilsen Life Board Member	0	х						0	0	0	
Norma Paulus Life Board Member	0	х						0	0	0	

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

Compensated Employees, and I	Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Clarıs Poppert Lıfe Board Member	0	Х						0	0	0			
George Rives Life Board Member	0	Х						0	0	0			
Robert Smith Life Board Member	0	Х						0	0	0			
William Swindells Life Board Member	0	Х						0	0	0			
Loren Winterscheid Life Board Member	0	Х						0	0	0			
Donald Brown Vice Chairman of the Board	0	Х		х				0	0	0			
Jonathan Carder Secretary	0	Х		х				0	0	0			
Kerry Tymchuk Assistant Secretary	0	Х		х				0	0	0			
Steven Wynne Chairman of the Board	0	Х		х				0	0	0			
M Lee Pelton – See Sch J Pt III President	40	Х		х				701,391	0	97,063			
Larry D Large - See Schedule O Interim President	40	Х		х				0	0	0			
William A Yasınskı VP for Financial Affairs/ Treasurer	40	Х		х				147,197	0	21,956			
Robert Olson Interim VP for Financial Affairs/Treasurer and Controller	40	Х		х				155,849	0	22,501			
Kristen Grainger Admin Secretary/VP Exec Assist to President	40			х				126,098	0	27,025			
Symeon Symeonides Dean of Law School/Parks Chair	40				х			286,355	0	43,139			
David Douglass Interim Dean College of Liberal Arts	40				х			178,963	0	24,881			
Debra Ringold Dean Atkinson Graduate School of Mgmt	40					Х		231,348	0	31,584			
Madeleine Rhyneer VP for Admission & Financial Aid/CMO	40					х		226,974	0	30,409			
Ron Korvas VP for Development & Alumnı Relations	40					х		225,768	0	31,993			
Peter Letsou Law School Associate Dean/Wendt Chair	40					х		186,308	0	21,616			
David Clark Wilson Professor of Law	40					×		180,911	0	31,548			

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Programming and Abroad Program	5,569,343	5,436,946	0	132,397
Designated and Restricted expenses	5,029,831	5,029,831	0	0
Food Service	3,103,384	3,103,384	0	0
Utilities	2,520,914	2,520,914	0	0
Bookstore	1,275,925	1,275,925	0	0