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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

		Г	endar yea Please	r, or tax year beginning 07 C Name of organization BOARD OF TRUSTEES	-01-2009 and ending 06-30-201	.0	D Employer ide	entification number
Address change Name change			use IRS label or	OF WHITMAN COLLEGE Doing Business As		91-0567740 E Telephone number		
			print or type. See	Boing Business As			•	
Initial return Specific Instruc- Number and street (or P O box if mail is not delivered to street address) 345 BOYER AVE					ess) Room/suite	(509) 527- G Gross receipts		
Terminated tions. 345 BOYER AVE						C Gloss receipts	¥ 120,317,137	
	ended			City or town, state or country WALLA WALLA, WA 99362200			1	
App	olication	n pending		·		_	l	
				ne and address of principa SE BRIDGES PRESIDENT	officer		ıs a group retur	
			345 BC	YERAVE		атіна	ates?	⊤Yes ▼ No
			WALLA	WALLA, WA 993622067			ll affiliates includ	
—— т Та	x-exen	npt status	▼ 501(c)	(3) ◀ (insert no)	(a)(1) or		o," attach a list ip exemption nu	(see instructions)
				WHITMAN EDU	(4)(1) (1)	_ H(c) Grot	ip exemption nu	imber 🗭
				ion Trust Association C	Other -	l Year of fo	ormation 1859 N	◀ State of legal domicile
				ion y must y Association y	orier F	L rear or re		VA
Ра	1	Summ		e organization's mission of	most significant activities			
90	_	THE MIS	SION OF	WHITMAN COLLEGE IS E EDUCATION STUDEN	TO PROVIDE AN EXCELLENT, N T'S PARTICIPATION IN CLASS THE EDUCATION PROCESS AT	ES AND OTH	ER ACTIVITIE:	
lian Lian								
Governance								
	2	Check th	ıs box 🛏	f the organization discor	ntinued its operations or disposed	l of more than	25% of its net	assets
න් ගු	3	Number	of voting r	nembers of the governing l	oody (Part VI, line 1a)			20
Activities	4			-	e governing body (Part VI, line 1	b)		20
Ē	5			nployees (Part V , line 2a)				1,821
∢	6			lunteers (estimate if nece				740
	1	_			Part VIII, column (C), line 12 Form 990-T, line 34		7a 71	a 26,210 b -912,927
	В	Net unie	iateu busi	ness taxable income nom	Form 990-1, fille 34	Pric	or Year	Current Year
	8	Contribi	13,259,897	19,211,857				
≘	9	Contributions and grants (Part VIII, line 1h)					60,322,851	63,205,274
Rayenue	10	Investm	nent incor	ne (Part VIII, column (A),		-5,959,152	7,050,455	
ä	11	Otherre	evenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		861,022	1,248,338
	12				t equal Part VIII, column (A), lır	е	68,484,618	90,715,924
	13				olumn (A), lines 1-3)		18,375,506	21,803,060
	14				lumn (A), line 4)		10,373,300	0
	15				nefits (Part IX, column (A), lines	5 –		
Expenses		10)			37,945,099	37,648,685		
<u>e</u>	16a	Profess	ional fund	raising fees (Part IX, colui		0		
五	Ь			enses (Part IX, column (D), line				
	17				11a-11d, 11f-24f)		25,314,671	23,616,088
	18		•		ual Part IX, column (A), line 25)		81,635,276	83,067,833
₩	19	Revenue	e less exp	penses Subtract line 18 fr		-13,150,658 g of Current	7,648,091	
Not Assets or Fund Balances						_	ear	End of Year
33.0	20			t X, line 16)			482,832,875	529,023,366
2 B	21			Part X, line 26)			91,610,193	94,885,499
	22	_		d balances Subtract line 2	21 from line 20		391,222,682	434,137,867
Pa	rt II	_	ture Blo		nined this return, including accompanying	schedules and s	tatements, and to t	the hest of my knowledge
					on of preparer (other than officer) is base			
Sign Here		****	*	-04-30				
			ure of office	er		Date	-04-50	
				TREASURER & C F O				
		Type o	or print nam	e and title				
		Preparer's	DEDOO			Check If self-	Preparer's identi	
Paid		signature	▶ DEBOK	A L ZALAZNIK		empolyed 🕨 🦵	(see instructions	?)
•	arer's	Firm's name (or yours ZALAZNIK MOORE & ASSOCIATES PLLC						
Use (Only	if self-employed), address, and ZIP + 4 PO BOX 1724						
				WALLA WALLA, WA 99362	Phone no 🕨 (5	509) 526-5689		
May	he IR	S discuss	this retu		above? (see instructions)			✓ Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE MISSION OF WHITMAN COLLEGE IS TO PROVIDE AN EXCELLENT, WELL-ROUNDED LIBERAL ARTS AND SCIENCES UNDERGRADUATE EDUCATION STUDENT'S PARTICIPATION IN CLASSES AND OTHER ACTIVITIES WITHIN A RESIDENTIAL SETTING IS INTEGRAL TO THE EDUCATION PROCESS AT WHITMAN COLLEGE

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?									
	If "Yes," describe these new service:	s on Schedule O								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describe these changes on	Schedule O								
4	Describe the exempt purpose achieved Section 501(c)(3) and 501(c)(4) orgaliocations to others, the total experience.	anizations and section 4947	(a)(1) trusts are required to report							
4a	(Code) (Expenses	\$ 40,819,042 including	g grants of \$) (Reve	enue \$ 54,300,007)						
	ACADEMIC INSTRUCTION, SUPPORT AND O	THER PROGRAMS 1,496 FULL TIMI	E EQUIVALENT STUDENTS 361 GRADUATES							
4b	(Code) (Expenses	\$ 11,353,917 includin	g grants of \$) (Reve	enue \$ 8,905,267)						
	AUXILIARY ENTERPRISE 800 STUDENTS IN	COLLEGE PROVIDED HOUSING 735	STUDENTS IN COLLEGE PROVIDED BOARD	PLANS						
	(Code) (Expenses	\$ 20,699,566 includin	g grants of \$ 20,699,566) (Rev	enue \$)						
	INSTITUTIONAL FINANCIAL AID 1,333 STU	DENTS RECEIVING INSTITUTIONALS	SCHOLARSHIPS 930 STUDENTS RECEIVING	FEDERAL LOANS OR GRANTS						
4d	Other program services (Describe	ın Schedule O)								
	(Expenses \$	including grants of \$) (Revenue \$)						
4e	Total program service expenses►\$	72,872,525								

art TV	Chacl	list of	Deguire	d Schedule	
	CHECK	AIISL UI	REUUIIEI	J SCHEUUIE	

			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	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? 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, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ 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	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		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the 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		Νο
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		No
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		No

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? If "Yes," complete Schedule I, Parts I and II	21		No
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		Νo
С	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		Νo
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	
c	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		No
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	
		F	orm 990	(2009)

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 2,386			
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	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
_	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	
Ь	If "Yes," enter the name of the foreign country ► 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		Νο
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		
5a	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization 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	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a 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.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the vear			

345 BOYER

(509) 527-5411

WALLA WALLA, WA 99362

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 20			
ь	Enter the number of voting members that are independent			
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		Νο
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		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
10-	December on the control of the contr	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	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	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
•	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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			
	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 ►WA , OR			
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			
19	▼ Own website			
	interest policy, and financial statements available to the public. See Additional Data Table	o ora-	n170+10	, l e-
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	mzatior	· •

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	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

2	Total number of individuals (including but not limited to those listed above) who received more than
	\$100,000 in reportable compensation from the organization►22

			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> "Yes," complete Schedule J for such individual	3	Yes		
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				
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 I for such person	5		No	

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
OPP & SEIBOLD GENERAL CONSTRUCTION 1220 W POPLAR	GEN CONTR	453,438
WALLA WALLA, WA 99362	GEN CONTR	433,430
ALPHA ENERGY 3767 ALPHA WAY	ENERGY CONTR	166,659
BELLINGHAM, WA 98226	ENERGY CONTR	100,039
DATATEL AND LAKES OF	CETHARE CONTR	450 202
4345 FAIR LAKES CT FAIRFAX, VA 22033	SFTWARE CONTR	159,282
MONTICHELLO ASSOCIATES		
1200 17TH ST STE 2600 DENVER, CO 80202	INVSTMT CONSULT	150,000
WINGS TOURS & NILE CRUISES		
11350 MCCORMICK ROAD HUNT VALLEY, MD 21031	TRAVEL CONTR	148,655
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	
\$100,000 in compensation from the organization \(\blacktriang \)	Who received more than	

\$100,000 in compensation from the organization 🛏 3

Form 99		Page 9						
Part \	<u>/+++</u>	Statement o	of 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
उद्ग	1a	Federated camp	paigns 1a					
ă o	ь	Membership du	es					
∰. ∰.ر	C	Fundraising eve						
<u> </u>	d	Related organiz Government grants	ations 1d	1,456,149				
ons. Siri	e	_	ons, gifts, grants, and 1f	17,755,708	ļ			ļ
美声	'	sımılar amounts no	t included above					
Contributions, gifts, grants and other similar amounts	g	lines 1a-1f \$	butions included in 284,125					
Ş.≝	h	Total. Add lines	3 1a-1f	▶	19,211,857			
<u> </u>				Business Code				
ne.	2a	STUDENT TUITION	& FEES	611,310	54,300,007	54,300,007		
Program Serwce Revenue	Ь	AUXILIARY ENTERP	PRISES	611,310	8,895,157	8,895,157		
958	C	INTERNET BOOKST	ORE SALES	451,211	10,110		10,110	
38	d							
Ē	e _	^ II other progra						
Į,	f		ım service revenue					
	g		s 2a – 2f		63,205,274			
	3		ome (including dividendar ar amounts)	. F	1,853,727			1,853,727
	4		tment of tax-exempt bond	-	, ,			, ,
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental	740,098 639,443					
	Ь	expenses	100,655					
	C	Rental income or (loss)			100.555			100 655
	d	Net rental incor	me or (loss) (i) Securities	- (II) O ther	100,655			100,655
	7a	Gross amount from sales of assets other than inventory	42,388,518	(ii) o thei				
	ь	Less cost or other basis and sales expenses	37,191,790					
	C .	Gain or (loss)	5,196,728		5,196,728			5,196,728
	d 8a	Gross income f	s)		3,130,720			3,170,720
Other Revenue	ь	See Part IV, lin	reported on line 1c)					
ᅙ	c		loss) from fundraising	events 🕦				
	9a	Gross income f See Part IV, lin	rom gaming activities e 19 a					
	b c		penses b loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	b c		oods sold b loss) from sales of inve	entory				
		Miscellaneous		Business Code	750 54	750 54		
	11a	OTHER REVEN		611,310 611,310	758,541 373,042	758,541		373,042
	b	OTHER REVEN		900,000	16,100		16,100	3/3,042
	c d	TO WER LEASE All other revenu		300,000	10,100		10,100	
	e	Total. Add lines						
	12	Total revenue.	See Instructions	•	1,147,683 90,715,924	63,953,705	26,210	7,524,152

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
			ns (B), (C), and (B)	(D). (C)	(D)						
	ot include amounts reported on lines 6b, o, 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 $$ See Part IV, line 21 $$										
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,699,566	20,699,566								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,103,494	1,103,494								
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	1,268,725	621,050	414,848	232,827						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	26,031,212	22,111,441	2,790,653	1,129,118						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,479,721	2,064,849	296,625	118,247						
9	Other employee benefits	5,704,736	4,539,598	885,541	279,597						
10	Payroll taxes	2,164,291	1,802,192	258,893	103,206						
11	Fees for services (non-employees)										
а	Management										
b	Legal	11,411	9,000	1,911	500						
c	Accounting	78,692	60,000	16,692	2,000						
d	Lobbying										
e	Professional fundraising See Part IV, line 17										
f	Investment management fees										
g	Other	7,579,486	6,593,171	832,115	154,200						
12	Advertising and promotion										
13	Office expenses	3,445,953	2,926,541	422,361	97,051						
14	Information technology										
15	Royalties										
16	Occupancy	1,745,062	1,652,052	83,709	9,301						
17	Travel	2,578,121	2,128,045	304,821	145,255						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	1,967,757	1,869,369	88,549	9,839						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	5,557,500	5,279,625	250,087	27,788						
23 24	Insurance										
	grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	COMMUNICATIONS	652,106	516,026	87,555	48,525						
b											
c											
d											
е											
f	All other expenses										
25	Total functional expenses. Add lines 1 through 24f	83,067,833	73,976,019	6,734,360	2,357,454						
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			12,901,057	1	4,489,476				
	2	Savings and temporary cash investments			13,743,957	2	16,170,702				
	3	Pledges and grants receivable, net			12,029,747	3	18,622,641				
	4	Accounts receivable, net			418,028	4	415,403				
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and							
		Schedule L				5					
	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				6	_				
Assets	7	Notes and loans receivable, net			3,318,328	7	3,321,549				
	8	Inventories for sale or use			485,170	8	540,027				
	9	Prepaid expenses and deferred charges			603,969	9	390,516				
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	190,146,286							
	ь	Less accumulated depreciation	10b	49,408,981	135,012,427	10c	140,737,305				
	11	Investments—publicly traded securities		51,088,876	11	55,570,370					
	12	Investments—other securities See Part IV, line 11	241,807,887	12	276,785,001						
	13	Investments—program-related See Part IV, line 11		13							
	14	Intangible assets		14							
	15	Other assets See Part IV, line 11	11,423,429	15	11,980,376						
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			482,832,875	16	529,023,366				
	17	Accounts payable and accrued expenses .			6,920,880	17	6,520,686				
	18	Grants payable	3,385,720	18	3,383,950						
	19	Deferred revenue	1,179,741	19	1,313,986						
	20	Tax-exempt bond liabilities	58,520,975	20	58,407,251						
<u>ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedu		21							
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				22					
	23	Secured mortgages and notes payable to unrelated third parties	5 .		2,775,137	23	2,393,596				
	24	Unsecured notes and loans payable to unrelated third parties				24					
	25	Other liabilities Complete Part X of Schedule D			18,827,740	25	22,866,030				
	26	Total liabilities. Add lines 17 through 25			91,610,193	26	94,885,499				
بې		Organizations that follow SFAS 117, check here \blacktriangleright $\boxed{\checkmark}$ and comp	plet e l	lines 27							
Fund Balances		through 29, and lines 33 and 34.									
<u> </u>	27	Unrestricted net assets			156,968,920		167,732,143				
ă	28	Temporarily restricted net assets			118,449,972		141,074,546				
Ē	29	Permanently restricted net assets			115,803,790	29	125,331,178				
丑		Organizations that do not follow SFAS 117, check here ► a	nd con	nplet e							
or	30		nes 30 t hrough 34.								
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	pital stock or trust principal, or current funds								
55	32	Retained earnings, endowment, accumulated income, or other fi				31 32					
	33	Total net assets or fund balances	anus		391,222,682	33	434,137,867				
Net											
i	34	Total liabilities and net assets/fund balances			482,832,875	34	529,023,366				

			Yes Yes Yes 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		Yes	
	▼ 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

BOARD OF TRUSTEES OF WHITMAN COLLEGE

Name of the organization

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**

91-0567740

Pa	rt I	Reas	on for Pub	olic Charity Stat	us (All org	anızatıons	must comp	lete this pai	rt.) See ins	tructions			
he c	rganız			foundation because									
1	Г	A churc	h, conventio	on of churches, or as:	sociation of	churches s	ection 170(b)	(1)(A)(i).					
2	굣	Aschoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	ıle E)						
3	Г			perative hospital serv				170(b)(1)(A	A)(iii).				
4	Ė			organization operate)(A)(iii). Ent	erthe		
-	•		l's name, cıt	•						,(,(,. =			
	_										— .		
5	J	-	•	rated for the benefit	•	or universit	y owned or op	erated by a g	jovernmenta	l unit describ	ed in		
	_			(Complete Pa	-								
6	<u> </u>			ocal government or									
7	J	_		t normally receives a	asubstantia	l part of its :	support from a	a government	tal unit or fro	m the genera	l public		
		described in section 170(b)(1)(A)(vi) (Complete Part II)											
8	Г		community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
9	<u></u>			t normally receives					itions, memb	ership fees, a	ind aros	5.5	
_	•			ties related to its ex									
		-		ss investment incom	•	-							
				anızatıon after June 3						,			
10	Г	•		anized and operated	•			•	•				
11	Ĺ.	-	_	anized and operated	•		•			carry out the	purpos	es of	
	•	_	_	supported organiza	•					•			
		_	_	es the type of suppo			•	_	11h				
	_		Type I	b Type II			- Functionally		d .	Type II			
e	ļ			x, I certify that the o									
			509(a)(2)	on managers and oth	er than one t	or more pub	nciy supporte	u organizacio	iis described	in section 5	09(a)(1	.) 01	
f				eceived a written dei	termination 1	from the IRS	5 that it is a T	ype I, Type I	II or Type II	I supporting	organız	atıon,	
		check t										\sqcap	
g			-	006, has the organiz	ation accept	ted any gift	or contributio	n from any of	the				
			g persons? rson who dir	ectly or indirectly co	ntrols, eithe	ralone orto	ogether with p	ersons desci	ribed in (ii)		Yes	No	
				overning body of the	•		-		(,	11g(i)	+:5		
			_	r of a person describ		_				11g(ii)			
		. ,	•	ed entity of a person	. ,		hove?			11g(iii	+ -		
h				g information about t							<u> </u>		
				5		· y - · · · - · · ·	(- /						
				(iii)	(iv)								
				Type of	Is the		(v)		(vi)				
	(i)			organization	organızat		Did you no organizat		Is th organizat		٠,	vii)	
,	Name Suppoi		(ii) EIN	(described on lines 1- 9 above	col (ı) lıs		col (i) of		col (i) org		1 -	ount of	
	ganız		LIN	or IRC section	your gove	_	suppo	•	in the U		sup	port?	
	5			(see	docume	ent?					4		
				ınstructıons))	Yes	No	Yes	No	Yes	No			
									1				
						1			1				
									1		-		
						-			-				
	1								1		-		

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				gaao., quu		▶ ┌
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				1	T	ı
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						
3	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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts 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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning 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						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Software ID: Software Version:

EIN: 91-0567740

Name: BOARD OF TRUSTEES

OF WHITMAN COLLEGE

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	Posi t	(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DAVID W WYCKOFF TRUSTEE	1 00		Х					0	0	0
DEAN NICHOLS TRUSTEE	1 00		Х					0	0	0
RYAN CROCKER TRUSTEE	1 00		Х					0	0	0
JAMES K HAYNER TRUSTEE	1 00		Х					0	0	0
JAMES L ROBART TRUSTEE	1 00		Х					0	0	0
JOHN C COLEMAN TRUSTEE	1 00		Х					0	0	0
JOHN W STANTON TRUSTEE	1 00		Х					0	0	0
KAREN E GLOVER TRUSTEE	1 00		Х					0	0	0
LA WRENCE L DRAKE TRUSTEE	1 00		Х					0	0	0
LA WRENCE B STONE TRUSTEE	1 00		Х					0	0	0
MEGAN MEDICA TRUSTEE	1 00		Х					0	0	0
PETER VAN OPPEN TRUSTEE	1 00		Х					0	0	0
ANDREW FERRARI TRUSTEE	1 00		Х					0	0	0
THOMAS H MCCRACKEN TRUSTEE	1 00		Х					0	0	0
DAVID NIERENBERG TRUSTEE	1 00		Х					0	0	0
WALTER C MINNICK TRUSTEE	1 00		Х					0	0	0
NANCY SERRURIER TRUSTEE	1 00		Х					0	0	0
BRADLEY MARK MCMURCHIE TRUSTEE	1 00		Х					0	0	0
MEGAN CLUBB TRUSTEE	1 00		Х					0	0	0
ANNA HERNANDEZ TRUSTEE	1 00		Х					0	0	0
GEORGE W BRIDGES PRESIDENT	40 00			х				292,235	0	61,425
PETER W HARVEY TREAS/CFO	40 00			х				197,144	0	28,120
TIMOTHY V KAUFMAN-OSBORN PROVOST/DEAN	40 00			х				174,365	0	31,126
JOHN W BOGLEY VP DEVELOPMT	40 00			х				168,805	0	31,435
CHARLES E CLEVELAND DEAN OF STUD	40 00			х				153,290	0	26,603

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	(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	
KEIKO M PITTER C T O	40 00			х				148,847	0	23,075	
JA CABASCO DEAN OF ADM	40 00			х				115,090	0	25,886	
DAVID F SCHMITZ FACULTY	40 00					х		138,367	0	24,476	
ROBERT J CARSON FACULTY	40 00					×		136,847	0	21,635	
LAURIE K HOUCK STAFF	40 00					х		129,064	0	27,360	
KEITH FARRINGTON FACULTY	40 00					х		120,502	0	35,168	
PATRICK W KEEF FACULTY	40 00					х	х	148,272	0	33,291	

DLN: 93493132030961

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

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

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

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

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

BOA	me of the organization ARD OF TRUSTEES WHITMAN COLLEGE			Employer ider 91-0567740	ntification number
ar	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description of the or	ganization's direct and indirect po	litical campaign ac	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
aı	t Tes Complete if the or	ganization is exempt und	er section 501 <i>(</i>	c)(3)	
L	<u> </u>	e tax incurred by the organization			<u> </u>
2		e tax incurred by organization mai			\$
3	·	section 4955 tax, did it file Form 4	_		
4a	Was a correction made?				⊤Yes ▼ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization foi	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to	o other organization	s for section 527	\$
3	Total exempt function expend	tures Add lines 1 and 2 Enter he	re and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file l	Form 1120-POL for this year?			
	contributions received that we	tion listed, enter the amount paid for promptly and directly delivered nittee (PAC). If additional space is (b) Address	to a separate polit	ıcal organızatıon, such as a	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization. If none,
					enter -0-
_					
_					

	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a	n affiliated group A and "limited control" provisions apply	_		
	Limits on Lobbying E (The term "expenditures" means an			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)			
c	Total lobbying expenditures (add lines 1a and 1b))			
d	Other exempt purpose expenditures				
e	Total exempt purpose expenditures (add lines 10	and 1d)			
f	Lobbying nontaxable amount Enter the amount f				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of lin		<u> </u>		
	Subtract line 1g from line 1a If zero or less, ente		<u> </u>		
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -			
j	If there is an amount other than zero on either lir section 4911 tax for this year?	ne 1h or line 1ı, did the organization file Form	4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av	veraging Period Under Section 501	(h)		

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Sche	dule C (Form 990 or 990-EZ) 20	009					P	age 3
Pa	rt II-B Complete if the c (election under s	organization is exempt under s section 501(h)).	ection 501(c)(3) and has f	NOT fi	iled F	orm		
				(;	a)		(b)	
				Yes	No		A moun	it
1		ganization attempt to influence foreign, pt to influence public opinion on a legisl						
а	Volunteers?				Νo			
b	Paid staff or management (inclu	ide compensation in expenses reported	on lines 1c through 1i)?		Νo			
c	Media advertisements?				Νo			
d	Mailings to members, legislator	s, or the public?			Νo			
e	Publications, or published or bro	oadcast statements?			Νo			
f	Grants to other organizations fo	r lobbying purposes?			Νο			
g	Direct contact with legislators,	their staffs, government officials, or a le	gislative body?	Yes				1,656
h	Rallies, demonstrations, semina	ars, conventions, speeches, lectures, or	any similar means?		Νο			
i	Other activities? If "Yes," desc		·		Νο			
j	Total lines 1c through 1i							1,656
2a		e the organization to be not described ii	n section 501(c)(3)?		No			
ь		y tax incurred under section 4912						
С	If "Yes," enter the amount of an	· ıy tax ıncurred by organızatıon manager	s under section 4912					
	·	d a section 4912 tax, did it file Form 47			No			
Par	t III-A Complete if the c 501(c)(6).	organization is exempt under s	section 501(c)(4), section 5	501(c)(5),	or s		
_					_		Yes	No
1	' '	more) dues received nondeductible by r			L	1		No
2		in-house lobbying expenditures of \$2,0				2		No
3		arryover lobbying and political expenditi				3		Νo
	501(c)(6) if BOT answered "Yes".						ectio	n
1	Dues, assessments and similar			1				
2	Section 162(e) non-deductible expenses for which the section	lobbying and political expenditures (do 527(f) tax was paid).	not include amounts of political					
а	Current year			2a				
b	Carryover from last year			2b				
С	Total			2c				
3	Aggregate amount reported in s	ection $6033(e)(1)(A)$ notices of nonde	luctible section 162(e) dues	3				
4		ount on line 2c exceeds the amount on carryover to the reasonable estimate of	· · · · · · · · · · · · · · · · · · ·	4				
5		political expenditures (see instruction	5)	5				
P	art IV Supplemental In		,		<u> </u>			
Со	mplete this part to provide the de	scriptions required for Part I-A, line 1,	Part I-B, line 4 , Part I-C , line 5 , an	d Part	II-B, lın	e 1ı		
Αls	o, complete this part for any add	itional information						
	Ident if ier	Return Reference	Explana	t ion				

DLN: 93493132030961

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

BOARD OF TRUSTEES OF WHITMAN COLLEGE			91-056774	10	
Part I Organiza	ations Maintaining Donor Ac	dvised Funds or Other Similar F			ete ıf th
	on answered "Yes" to Form 99				
		(a) Donor advised funds	(b) Fund	ds and other acco	unts
Total number at e	nd of year				
Aggregate contrib	utions to (during year)				
Aggregate grants	from (during year)				
Aggregate value a	at end of year				
•		isors in writing that the assets held in doi organization's exclusive legal control?	nor advised	☐ Yes	√ No
used only for char	ritable purposes and not for the ben	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	•		
	nissible private benefit	5.1		Yes	
		if the organization answered "Yes" i	to Form 990 <u>,</u>	Part IV, line 7.	
Preservation Protection of Preservation Complete lines 23	- · · · · · · · · · · · · · · · · · · ·	<u> </u>	certified histor	ric structure	re a
easement on the	last day of the tax year		Held	d at the End of th	ve Vear
a Total number of c	onservation easements		2a	u at the Lilu of th	ic rear
_	tricted by conservation easements		2b		
_	vation easements on a certified his				
		• •	2c		
	vation easements included in (c) a		2d		
Number of conser the taxable year I		erred, released, extinguished, or terminat	ed by the orgar	nization during	
Number of states	where property subject to conserva	ation easement is located ►	<u></u>		
	ation have a written policy regarding e conservation easements it holds?	g the periodic monitoring, inspection, han ?	idling of violatio	ons, and ryes	√ No
Staff and voluntee	er hours devoted to monitoring, insp	pecting and enforcing conservation easer	nents during th	e year ►	
A mount of expens	ses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during the ye	ar ► \$	
	rvation easement reported on line 2 nd 170(h)(4)(B)(ii)?	2 (d) above satisfy the requirements of sec	ction	┌─Yes	√ No
balance sheet, an the organization's	d include, if applicable, the text of t accounting for conservation easen		ıl statements th	nat describes	
		ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Other Si	milar Assets.	
a If the organization art, historical trea	n elected, as permitted under SFAS asures, or other similar assets held	is 116, not to report in its revenue statem for public exhibition, education or resear nancial statements that describes these i	ch in furtheran		ce,
historical treasur	es, or other sımılar assets held for _l	116, to report in its revenue statement in public exhibition, education, or research			
provide the follow	ing amounts relating to these items	5			
•	uded in Form 990, Part VIII, line 1		•	\$	
(i) Revenues incl	-			\$ \$	950,790

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

s collection		
_		
_		
_		
_		
_		
J	Yes	√ No
Form 99	90,	
Γ	Yes	√ No
Amo	ount	
ı	Yes	✓ No
10		
	(e) Four Y	ears Back
cars back ((6), 64, 1	cars back
•		
	Yes	No
		N o
-	<u>) </u>	No No
. 30		1 140
	(d) Bo	ok value
	1	.8,685,566
5,225,373		.7,732,834
, , ,		. 1-3
4,183,608		3,368,115
·		950,790
	Ama	Yes

140,737,305

Part VII Investments—Other Securities. See I	Form 990, Part X, line 1: T		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
Financial derivatives			
Closely-held equity interests			
Other PRIVATE EQUITY	62,652,021		F
INTERNATIONAL EQUITY	53,491,159		F
US EQUITY	46,745,611		F
HEDGED EQUITY	43,622,668		F
ABSOLUTE RETURN	31,175,694		F
NATURAL RESOURCES	23,684,013		F
BALANCED			
	18,856,189		
FIXED INCOME	418,891		F
PGWC FOUNDATION 91-1648072 Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)	-3,861,245		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See	276,785,001 Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
(a) Description of investment type	(b) Book value	Cost or end-o	f-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			(h) Paak value
(a) Descrip	LIOII		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)		11,980,376
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
INTEREST RATE EXCHANGE AGREEMENTS	9,694,000		
SPLIT INTEREST CONTRACTS	6,429,230		
POST-RETIREMENT BENEFITS	4,550,680		
DEFERRED COMPENSATION	817,790		
ASSET RETIREMENT OBLIGATION	714,330		
INSURANCE TERMINAL LIABILITY	660,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	22,866,030		

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	90,715,924
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	83,067,833
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	7,648,091
4 Net unrealized gains (losses) on investments	4	34,163,596
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	1,037,097
9 Total adjustments (net) Add lines 4 - 8	9	35,200,693
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	42,848,784
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Reti	ırn
1 Total revenue, gains, and other support per audited financial statements	1	105,464,852
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments) 6	
b Donated services and use of facilities		
c Recoveries of prior year grants	_	
d Other (Describe in Part XIV) 2d -19,414,66	38	
e Add lines 2a through 2d	. 2e	14,748,928
3 Subtract line 2e from line 1	. 3	90,715,924
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		
b Other (Describe in Part XIV)	_	
c Add lines 4a and 4b	4c	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		90,715,924
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Re	
1 Total expenses and losses per audited financial statements	1 1	62,616,068
2 A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV)	01	
e Add lines 2a through 2d	. 2e	247,801
3 Subtract line 2e from line 1	3	62,368,267
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		
b Other (Describe in Part XIV)	66	
c Add lines 4a and 4b	4c	20,699,566
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	83,067,833

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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 additional information

Ident if ier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	RELATED ENTITES' REVENUE (SHARE OF GAIN) 1,284,898 TUITION DISCOUNT -20,699,566 RELATED ENTITIES - 247,801 TUITION DISCOUNT 20,699,566
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	RELATED ENTITES' REVENUE (SHARE OF GAIN) 1,284,898 TUITION DISCOUNT -20,699,566
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	RELATED ENTITIES 247,801
	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	TUITION DISCOUNT 20,699,566
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	FEDERAL INCOME TAXES WHITMAN COLLEGE IS A QUALIFIED NOT-FOR-PROFIT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND AS SUCH, IS GENERALLY EXEMPT FROM FEDERAL TAXATION OF INCOME ACCORDINGLY NO PROVISION HAS BEEN MADE FOR FEDERAL INCOME TAXES CONTRIBUTIONS TO THE COLLEGE ARE GENERALLY TAX DEDUCTIBLE THE PAUL GARRET WHITMAN COLLEGE FOUNDATION AND THE 21ST CENTURY TRUST ARE SEPARATE TAX ENTITIES IN ACCORDANCE WITH THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD INTERPRETATION (FIN) NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE COLLEGE HAD NO UNRECOGNIZED TA BENEFITS AT JUNE 30, 2010 AND 2009

Additional Data

Software ID:

Software Version:

EIN: 91-0567740

Name: BOARD OF TRUSTEES

OF WHITMAN COLLEGE

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
PRIVATE EQUITY	62,652,021	F
INTERNATIONAL EQUITY	53,491,159	F
US EQUITY	46,745,611	F
HEDGED EQUITY	43,622,668	F
ABSOLUTE RETURN	31,175,694	F
NATURAL RESOURCES	23,684,013	F
BALANCED	18,856,189	F
FIXED INCOME	418,891	F
PGWC FOUNDATION 91-1648072	-3,861,245	F

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization BOARD OF TRUSTEES OF WHITMAN COLLEGE

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 Inspection

F WI	HITMAN COLLEGE 91-0567740			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
D	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)			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
ь	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	I Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)	5h_		No
	i Does the organization receive any financial aid or assistance from a governmental agency? , Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	OD		INO
•	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132030961

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.

2009

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization
BOARD OF TRUSTEES

OF WHITMAN COLLEGE

SCHEDULE F

Department of the Treasury

(Form 990)

Employer identification number

91-0567740

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

2 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Totals ▶ For Privacy Act and Paperwork F	Naduration Act Noti	so soo the Instruct	tions for Form 000	Cat No 50082W Sch e	2,828,062 edule F (Form 990) 2009
					2 929 062
SUB-SAHARAN AFRICA			GRANTMAKING	STUDENT FINAN AID	43,950
SOUTH ASIA			GRANTMAKING	STUDENT FINAN AID	45,063
SOUTH AMERICA			GRANTMAKING	STUDENT FINAN AID	40,475
EUROPE			GRANTMAKING	STUDENT FINAN AID	554,300
EAST ASIA & PACIFIC			GRANTMAKING	STUDENT FINAN AID	341,228
CENTRAL AMERICA & CARRIBEAN			GRANTMAKING	STUDENT FINAN AID	78,478
SUB-SAHARAN AFRICA			PROGRAM SERVICE	FACULTY TRAVEL	1,668
SOUTH ASIA			PROGRAM SERVICE	FACULTY TRAVEL	2,554
NORTH AMERICA			PROGRAM SERVICE	FACULTY TRAVEL	6,265
MIDDLE EAST & NORTH AFRICA			PROGRAM SERVICE	FACULTY TRAVEL	2,346
EUROPE			PROGRAM SERVICE	FACULTY TRAVEL	13,988
EAST ASIA & PACIFIC			PROGRAM SERVICE	FACULTY TRAVEL	4,379
EUROPE			INVESTMENT		767,979
EUROPE			PROGRAM SERVICE	STUDY ABROAD	99,646
EAST ASIA & PACIFIC			PROGRAM SERVICE	STUDY ABROAD	426,472
CENTRAL AMERICA & CARIBBEAN			INVESTMENT		399,271
	offices in the region	employees or agents in region	fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i e ,	(e) If activity listed in (d)	(i) i otal expellationes

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
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.

OSC Scricadic	T I (TOTHI JJO) II da	idicional space	is nececu.				
(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)
STUDENT FINANCIAL AID	CENTRAL AMERICA & CARRIBEAN	13	78,478	STUDENT ACCOUNT			
STUDENT FINANCIAL AID	EAST ASIA & PACIFIC	27	341,228	STUDENT ACCOUNT			
STUDENT FINANCIAL AID	EUROPE	65	554,300	STUDENT ACCOUNT			
STUDENT FINANCIAL AID	SOUTH AMERICA	4	40,475	STUDENT ACCOUNT			
STUDENT FINANCIAL AID	SOUTH ASIA	4	45,063	STUDENT ACCOUNT			
STUDENT FINANCIAL AID	SUB-SAHARAN AFRICA	5	43,950	STUDENT ACCOUNT			

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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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

OMB No 1545-0047

DLN: 93493132030961

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

Schedule I

(Form 990)

Employer identification number

OF WHITMAN COLLEGE						91-0567740	
 Does the organization mathe selection criteria use Describe in Part IV the organization 	aintain records to sed to award the gra	substantiate the amount of t					Γ Yes Γ Γ
Part II Grants and Ot Form 990, Part	her Assistance IV, line 21 for ai	e to Governments and ny recipient that receive 990) if additional space	d Organizations in d more than \$5,000	the United States . Check this box if n	io one recipient receiv	ed 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)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(h) Purpose of grant or assistance
3 Enter total number of oth	er organizations .	d government organizations					
For Privacy Act and Panerwork Re	eduction Act Notice	see the Instructions for Forn	1990	Cat No. 50055P		Scher	dule I (Form 990) 2009

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.

(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
1333	20,699,566			
	recipients	recipients cash grant	recipients cash grant non-cash assistance	recipients cash grant non-cash assistance (book, FMV, appraisal, other)

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

Ident if ier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	THE COLLEGE AWARDS SCHOLARSHIPS IN CONFORMANCE WITH ESTABLISHED POLICIES ON THE BASIS OF BOTH NEED AND SCHOLASTIC MERIT AWARDS TO STUDENTS WITH NEED ARE BASED ON THE STUDENT'S FINANCIAL INFORMATION CONTAINED IN THE FINANCIAL AID PROFILE FILED WITH THE COLLEGE SCHOLARSHIP SERVICE AND THE FREE APPLICATION FOR FINANCIAL AID FILED WITH THE FEDERAL PROCESSOR ALL AID IS OBJECTIVELY DETERMINED AND AWARDED ON AN EQUAL BASIS TO RECIPIENTS WITH SIMILAR ATTRIBUTES

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

DLN: 93493132030961

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.

Open to Public Inspection

Name of the organization BOARD OF TRUSTEES OF WHITMAN COLLEGE

Employer identification number

91-0567740

Pa	tt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	I	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	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 creimbursement orprovision of all the expenses des			1b	Yes	
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executiv	e Directo	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	Compensation committee	⊽	• •			
	Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		Νo
ь	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
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 payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described	ın Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	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)(I)-(III) 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-	MISC 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
GEORGE W BRIDGES	(I) (II)	287,407		4,828	24,500	36,925	353,660	
PETER W HARVEY	(I) (II)	197,144			19,735	8,385	225,264	
TIMOTHY V KAUFMAN-OSBORN	(I) (II)	174,365			17,930	13,196	205,491	
JOHN W BOGLEY	(1) (11)	165,550		3,255	17,535	13,900	200,240	
CHARLES E CLEVELAND	(1) (11)	153,290			15,740	10,863	179,893	
KEIKO M PITTER	(1) (11)	148,847			14,915	8,160	171,922	
DAVID F SCHMITZ	(ı) (ıı)	138,367			13,710	10,766	162,843	
ROBERT J CARSON	(I) (II)	136,847			13,540	8,095	158,482	
LAURIE K HOUCK	(I) (II)	128,554		510	13,645	13,715	156,424	
KEITH FARRINGTON	(I) (II)	120,502			12,750	22,418	155,670	
PATRICK W KEEF	(I) (II)	148,272			15,045	18,246	181,563	

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	Explanation
Identi ici	Reference	Explanation
NON-FIXED	SCHEDULE J,	REIMBURSEMENTS FOR TRAVEL AND MEALS ARE PAID PERSUANT TO THE COLLEGE'S ACCOUNTABLE PLAN
PAYMENTS	PAGE 1, PART	
PROVIDED	I, LINE 7	
OTHER	SCHEDULE J,	PART III PART 1, 1A RESIDENCE FOR PERSONAL USETHE COLLEGE PRESIDENT IS REQUIRED AS A CONDITION OF EMPLOYMENT TO
ADDITIONAL	PART III	MAINTAIN A PERSONAL RESIDENCE IN A HOUSE PROVIDED BY THE COLLEGE THIS HOUSE IS LOCATED ON THE EDGE OF CAMPUS AND IS
INFORMATION		REQUIRED FOR THE CONVENIENCE OF THE COLLEGE SOCIAL CLUB DUESTHE COLLEGE PRESIDENT AND VP OF DEVELOPMENT ARE
		PROVIDED MEMBERSHIPS IN SOCIAL CLUBS BY THE COLLEGE PERSONAL SERVICESTHE PRESIDENT'S PERSONAL RESIDENCE IS PROVIDED
		CLEANING SERVICES AND YARD CARE BY THE COLLEGE

Schedule J (Form 990) 2009

DLN: 93493132030961

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 0 (Form 990).

► Attach to Form 990. ► See separate instructions.

2008 No 1545-0047

2009

Open to Public Inspection

Name of the organization
BOARD OF TRUSTEES
OF WHITMAN COLLEGE

Department of the Treasury

Internal Revenue Service

Employer identification number

91-0567740

Part I Bond Issues									
(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) De	Defeased No	(h) O n Behalf of Issuer	
						Yes	No	Yes	No
						1			

 A
 WHEFA 2004 BONDS
 91-1306482
 939781VM9
 11-16-2004
 28,770,000
 REFUND A PRIOR ISSUE
 X
 X
 X

 B
 WHEFA 2008 BONDS
 91-1306482
 939781A34
 06-10-2008
 30,935,000
 FACILITIES CONSTRUCT
 X
 X

Part II	Proceeds

10

11

		4	A	l	В		С)		E
1	Total proceeds of issue	2	28,770,000	3	0,282,842						
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows	28,660,421									
4	Other unspent proceeds	4,173,456 4,173,456									
5	Issuance costs from proceeds	109,579			282,842						
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	2	25,826,544	25,826,544							
8	Year of substantial completion	20	04	20	2010						
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	×			X						

Х

Χ

Does the organization maintain adequate books and records to support the final allocation of proceeds?

Part IIII Private Business Use

		1	A		3	C		D			E
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		x						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		x		X						

Were the bonds issued as part of an advance refunding issue?

Has the final allocation of proceeds been made?

Χ

Х

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	•		A	6	3	(С		D		E
		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		х						
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										
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										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		х	х							
Dai	+ TV Arbitrage			•	•	•	•	•	•	•	-

		1	A		В				 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?		х		x						
2	Is the bond issue a variable rate issue?	х		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							
ь	Name of provider	JPMO RGA N		GK BAUM							
c	Term of hedge		23 4		28 0						
4a	Were gross proceeds invested in a GIC?		Х	Х							
ь	Name of provider	AIG MATCH	ING FU	AIG MATC	HING FU						
С	Term of GIC		3 1		3 1						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х		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?		x		Х						
									C - l l	a V /Earm 00/	2) 2000

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DLN: 93493132030961

OMB No 1545-0047

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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.

Name of the organization BOARD OF TRUSTEES OF WHITMAN COLLEGE

Employer identification number

Part I Excess Benefit Trai	nsacti	ons (s	ection 501(c)(3	3) ar	nd section 501	(c)(zations				
Complete if the organizat												
1 (a) Name of disq	ualıfıed	person		(b) Description of transaction						orrected?		
										Yes	No	
										_		
2 Enter the amount of tax impos		_	_					ear unde	r • •			
section 4958									•			
3 Enter the amount of tax, if any	, on line	e∠,abo	ve, reimbursed b	y the	e organization .	•			- » <u> </u>			
Part II Loans to and/or	From	Intere	sted Persons	s.								
Complete if the organiz	zation a	nswere	d "Yes" on Form	990,	, Part IV , line 26	, or F	orm 990-E					
		oan to					e) In	(f) Appro		(g)Writt	a n	
(a) Name of interested person and		m the	(c)O riginal		(d)Balance due	٠.	fault?	1 ''		agreement?		
purpose	organi	zation?	principal amou	lount 1 1			commit	tee?				
	То	From				Yes	No No	Yes	No	Yes	No	
				-+								
				_								
Total	'		▶	\$								
Part IIII Grants or Assistar				ed P	ersons.							
Complete if the orga	nızatı	1			•		e 27.					
(a) Name of interested pers	on	(b) Relationship be			rson	(c)A m	ount of g	rant or typ	e of assis	tance	
PATRICK KEEF		FO	RMER OFFICER	and the organization						7,416		
TATRICK RELI		10	KMER OTTICER								7,410	
Part IV Business Transact							20 20					
Complete if the orga	inizatio			1 For	m 990, Part IV	', lin	e 28a, 28	b, or 28	C.	1, , ,		
) Relationship veen interested		(c) A mount of					lorgan	harıng of ıızatıon's	
(a) Name of interested perso	n	1	rson and the		transaction		(d) Desci	ription of	transactio	1 J	enues?	
		c	rganization							Yes	No	
NANCY MITCHELL		FAMIL	Y MEMBER		58,1	-	COMPENS				Νο	
SHARON KAUFMAN-OSBORN		_	Y MEMBER		34,9	-	COMPENS				Νο	
PAT SORENSON FAMILY MEMBER		Y MEMBER		31,255 COMPENSATION			Νo					

DLN: 93493132030961

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

▶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 BOARD OF TRUSTEES OF WHITMAN COLLEGE

Employer identification number

91-0567740

Pa	rt I Ty	pes of Property							
			(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of d rever	etermın	iing	
	At. 34/l	¢	applicable	4	1 g				
		ofart	X	4					
		rıcal treasures . onal ınterests							
		publications nd household	X						
3		ia nousenoia	X						
6	_	ther vehicles							
7	Boats and	planes							
8	Intellectua	l property							
9	Securities	—Publicly traded .	Х	43	910,125	MARKET			
10	Securities	-Closely held stock .							
11		—Partnership, LLC, terests							
12	Securities	-Miscellaneous							
13	contributi	onservation on—Historic							
14	Qualified c	onservation							
		on—Other							
		e—Residential .	X	1	374,000	APPRAISAL			
		e—Commercial							
		e—Other							
		s							
		tory							
		medical supplies .							
		artıfacts							
		specimens cal artifacts							
24	•	COMPUTER							
	Other►(<u>S</u>	UPP)	×	2					
	Other ►(_								
)							
	Other ► (_)							
29				anization during the tax yea 3283, Part IV, Donee Ackr		29	ı	Yes	1 No
30a	During the	vear did the organiza	ition receiv	e hy contribution any prope	erty reported in Part I, lines	1-28 that it	\vdash	165	-110
	-	. ,			on, and which is not require				
		t purposes for the enti			on, and which is not require	a to be abea	30-		No
h		describe the arrangeme					30a		
31					review of any non-standard	contributions?	31		Νο
32=	Does the	organization hire or us	e third narti	es or related organizations	to solicit, process, or sell i	non-cash			
u	contributi			· · · · · · · · ·			32a		No
b	If"Yes," o	lescribe in Part II							
33	If the orga describe i	•	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 91-0567740

Name: BOARD OF TRUSTEES OF WHITMAN COLLEGE

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DLN: 93493132030961

2009

OMB No 1545-0047

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SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Supplemental Information to Form 990

Name of the organization BOARD OF TRUSTEES OF WHITMAN COLLEGE Employer identification number

91-0567740

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF WHITMAN COLLEGE IS TO PROVIDE AN EXCELLENT, WELL-ROUNDED LIBERAL ARTS AND SCIENCES UNDERGRADUATE EDUCATION STUDENT'S PARTICIPATION IN CLASSES AND OTHER ACTIVITIES WITHIN A RESIDENTIAL SETTING IS INTEGRAL TO THE EDUCATION PROCESS AT WHITMAN COLLEGE

ldentifier	Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	CAYMAN ISLANDS, BRITISH INDIAN OCEAN TERRITORY

ldentifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	PETER VAN OPPEN JOHN STANTON TRUSTEE TRUSTEE BUSINESS RELATIONSHIP

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE COLLEGE'S AUDIT COMMITTEE WAS PROVIDED A COPY OF THE FORM AND REVIEWED WITH COLLEGE STAFF SUBSEQUENT TO THE COMMITTEE REVIEW, THE TRUSTEES WERE EACH PROVIDED A COPY OF THE FORM PRIOR TO THE COLLEGE'S FILING WITH THE IRS

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE GIVEN A QUESTIONNAIRE ANNUALLY THE QUESTIONNAIRE INCLUDES THE COLLEGE'S CONFLICT OF INTEREST POLICY AND ASK EACH INDIVIDUAL ABOUT THE EXISTENCE OF CONFLICTS OF INTEREST AS WELL AS OTHER PAYMENTS OR SITUATIONS WHICH COULD BE CONSTRUED TO PRESENT A CONFLICT IF AN INDIVIDUAL ANSWERS ANY QUESTION IN THE AFFIRMATIVE THEY ARE ASKED TO DESCRIBE THE SITUATION IN THEIR RESPONSE IF THERE ARE ANY CONCERNS RELATIVE TO ANY ONE INDIVIDUAL'S RESPONSES, MANAGEMENT FOLLOWS-UP TO DISCUSS HOW BEST TO DEAL WITH ANY IDENTIFIED SITUATIONS TRUSTEES ARE REMINDED OF POTENTIAL CONFLICTS AT EACH MEETING MANAGEMENT ASCERTAINS ALL IDENTIFIED INDIVIDUALS HAVE RESPONDED AND ALL THE RESPONSES ARE MAINTAINED IN ACCORDANCE WITH THE COLLEGE'S FILE RETENTION POLICY

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	TRUSTEES APPROVED THE COMPENSATION PACKAGE OF THE COLLEGE'S PRESIDENT AND THE DELIBERATIONS ON THAT PROCESS ARE DOCUMENTED IN ITS MINUTES COMPARABLE DATA FROM PEER INSTITUTIONS WERE USED TO SET THE COMPENSATION FOR THE PRESIDENT OF THE COLLEGE

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	TRUSTEES APPROVED THE COMPENSATION PACKAGES OF THE COLLEGE'S OFFICERS COMPARABLE DATA FROM PEER INSTITUTIONS FOR EACH POSITION WERE USED TO SET THE COMPENSATION FOR EACH OFFICER OF THE COLLEGE

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION		THE COLLEGE PROVIDES ACCESS TO ITS FORM 990 AND ITS FINANCIAL STATEMENTS VIA ITS WEBSITE THE COLLEGE'S TAX EXEMPTION LETTER FROM THE IRS AND OTHER POLICY DOCUMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION	SCHEDULE E, LINE 6	THE COLLEGE RECEIVES FUNDS FROM THE DEPARTMENT OF EDUCATION TO BE GIVEN OUT IN THE FORM OF GRANTS AND LOANS TO WHITMAN STUDENTS THE COLLEGE ALSO RECEIVES FUNDS FROM OTHER FEDERAL AGENCIES IN THE FORM OF GRANTS FOR EQUIPMENT, RESEARCH, STUDY OR OTHER EFFORTS AS STIPULATED IN EACH INDIVIDUAL GRANT

DLN: 93493132030961

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Name of the organization BOARD OF TRUSTEES OF WHITMAN COLLEGE

Employer identification number 91-0567740

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)										
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity					
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the t		he organization an	swered "Yes" on	Form 990, Part I	V, line 34 because it had one					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity statu						

or foreign country) (if section 501(c)(3)) entity WHITMAN COLLEGE PAUL GARRETT FOUND 345 BOYER AVENUE TRUST 501 N/A WA 11A WALLA WALLA, WA 99362 91-1648072 WHITMAN COLLEGE 21ST CENTURY TRUST 345 BOYER AVENUE TRUST WA 501 11A N/A WALLA WALLA, WA 99362 91-6526001 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2009

(a) (b) Name, address, and EIN of related organization	related organizations treated (c) Legal (d) Direct controlling entity country)		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income			(h) Disproprtionate allocations?				(j Gener mana parti	ral or agıng	
								Yes	No			Yes	No
												+	
								nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
Identification of R line 34 because it ha (a) Name, address, and EIN of related organi	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No					
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I	.I-IV?								
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No					
b Gift, grant, or capital contribution to other organization(s)		1b		No					
c Gift, grant, or capital contribution from other organization(s)		1c	Yes						
d Loans or loan guarantees to or for other organization(s)		1d		No					
e Loans or loan guarantees by other organization(s)		1e		No					
f Sale of assets to other organization(s)		1f		No					
g Purchase of assets from other organization(s)									
h Exchange of assets		1h		No					
i Lease of facilities, equipment, or other assets to other organization(s)		1i		No					
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No					
k Performance of services or membership or fundraising solicitations for other organization(s)									
Performance of services or membership or fundraising solicitations by other organization(s)									
m Sharing of facilities, equipment, mailing lists, or other assets									
n Sharing of paid employees		1n		No					
• Reimbursement paid to other organization for expenses		10		No					
p Reimbursement paid by other organization for expenses		1p		No					
q O ther transfer of cash or property to other organization(s)		1q		No					
r Other 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 relation	ıshıps and transaction thres	sholds							
(a)	(b) Transaction		(c)						
Name of other organization	type(a-r)	Amount	involve	d					
1) WHITMAN COLLEGE PAUL GARRETT FOUND	С	195,1							
2) WHITMAN COLLEGE 21ST CENTURY TRUST	С	161,06							
3)									
4)									
5)									

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	(b) Primary activity	(c) (d) (e) Legal domicile Are all Share of end-of-year section 501(c)(3) organizations?		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) neral or naging irtner?			
			Yes	No		Yes	No		Yes	N
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