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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

A Fo	r the	2010 ca	alendar year, or tax year begi	nning 07-01-2010 and ending 06-30-	-2011				
		pplicable	C Name of organization THE UNIVERSITY OF PUGET SOL	JND				-	identification number
	dress ch	_	Doing Business As				91-0	564	961
	me cha						E Telep	hone	number
	tial retu		Number and street (or P O box 1500 N Warner St CMB 1075	ıf maıl ıs not delivered to street address)	ı	Room/suite	(253) 87	9-6110
_	mınate						G Gross	rocou	ots \$ 192,115,365
_	ended		City or town, state or country, a Tacoma, WA 984161075	and ZIP + 4			G GIOSS	recei)(S \$ 192,113,303
App	olication	n pending							
			F Name and address of Ronald R Thomas	principal officer		H(a) Is this a g	group return	for affil	ıates?
			1500 N Warner St CMB :			H(b) Are all a	iffiliates in	cluded	7 Fyes F No
			Tacoma, WA 98416107	5					t (see instructions)
——— т Та	x-exen	npt status	<u> </u>	◀ (insert no)					umber ►
				4 (IIISELLI III) 4547 (d)(1) (II 527					
			w pugetsound edu			<u> </u>			
K For	n of or	ganızatıon	Corporation Trust Assoc	cation Other ►		L Year of form	nation 18		M State of legal domicile WA
Pa	rt I	Sum	nmary						
	1	Briefly d	escribe the organization's mi	ssion or most significant activities					
a)		Education	on						
Activities & Governance									
Ě									
Š	2	Check th	his box দ if the organization	n discontinued its operations or dispos	sed of n	nore than 25	% of its	net	assets
ූ නේ	3	Number	of voting members of the gov	erning body (Part VI, line 1a)				3	33
8				ers of the governing body (Part VI, line				4	31
髲				l ın calendar year 2010 (Part V, line 2a	a) .			5	2,857
ទូ			ımber of volunteers (estımate					6	638
•				m Part VIII, column (C), line 12	•		}	7a	-333,099
	ь	Net unre	iated business taxable incon	ne from Form 990-T, line 34		Prior	Vane	7b	-344,249 Current Year
	8	Contri	ibutions and grants (Part VII	I line 1h)			15,154,:	187	12,099,371
흨	9								125,028,422
Ravenu	10								5,350,603
æ	11		•	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- t		-361,0	605	4,899,995
	12		_	11 (must equal Part VIII, column (A)	, line		20.000		1.17.270.201
	12						39,899,	-	147,378,391
	13 14			art IX, column (A), lines 1-3)	ŀ	•	36,260,0	0 0	38,508,960
	15			loyee benefits (Part IX, column (A), lin	ŀ			\dashv	0
\$		10)	es, ether compensation, emp	refer benefits (Fare 1x, column (x), Im		(52,081,0	086	63,279,538
Expenses	16a	Profes	ssional fundraising fees (Part	IX, column (A), line 11e)	•			0	0
ਡੌ	ь	Total fu	undraising expenses (Part IX, columi	n (D), line 25) 🛌 3,376,414					
_	17			A), lines 11a-11d, 11f-24f)	· · · · · · · · · · · · · · · · · · ·		40,558,!	$\overline{}$	43,775,177
	18			must equal Part IX, column (A), line 2	· ·	1	38,899,	$\overline{}$	145,563,675
. 01	19	Reven	ue less expenses Subtract I	ine 18 from line 12				_	1,814,716
8 9 0 10 0						Beginning Ye		nt	End of Year
SS et	20	Total	assets (Part X, line 16) .				74,197,	981	508,368,666
A A	21						11,727,		109,314,241
žZ_	22	Netas	ssets or fund balances Subtr	act line 21 from line 20	. [3(52,470,	802	399,054,425
Pai	rt II	Sign	nature Block						
Not Assets or Fund Balances	18 19 20 21	Total (Reven	expenses Add lines 13-17 (nue less expenses Subtract I assets (Part X, line 16) . liabilities (Part X, line 26) .	must equal Part IX, column (A), line 2 ine 18 from line 12	5)	Beginning Ye	38,899, 999, of Curre ar 74,197,9	739 799 nt 981	145,563,67 1,814,71 End of Year 508,368,66 109,314,24
žĒ	22	Net as	sets or fund balances Subtr	act line 21 from line 20		3 (52,470,8	802	399,054,425
				mined this return including account	na och -	dulac and at-	tomort-	254	to the best of w
know		and belie		mined this return, including accompanyi ete. Declaration of preparer (other than o					
C:-		Signs	ature of officer			201 Date	2-05-08 e		
Sign Here		'				Date	_		
1161	C		ry B Mondou VP for Finance & Admi e or print name and title	Inistration					
	I	Print/Type	<u> </u>	Preparer's signature	Date	C	heck if sel	lf-	PTIN
Da!-I		preparer's	s name	, reparer 3 signature	Date		mployed I		LITIN
Paid Prepa	arer	Fırm's naı							Firm's EIN
Use (Firm's add	dress						Phone po
U36 (Citty								Phone no 🕨

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

Par		Statement of Program Se Check if Schedule O contains a				
1	Briefly	describe the organization's mis	sion			
Educ	ation					
-						
2		organization undertake any sign or Form 990 or 990-EZ?				Yes 🔽 No
	If "Yes	," describe these new services o	n Schedule O			
3		organization cease conducting,		changes in how it co	nducts, any program	_ Yes ✓ No
	If "Yes	," describe these changes on Sc	nedule O			
4	Section	be the exempt purpose achieven n 501(c)(3) and 501(c)(4) organ ions to others, the total expense	ızatıons and sectıor	n 4947(a)(1) trusts a	ire required to report the amou	•
	(Code) (Expenses \$	129,665,034	ıncludıng grants of \$	38,508,960) (Revenue \$	124,695,323)
	providi occupa include service	ly national independent undergraduate ng 1,200 classes in more than 50 major tional therapy, and physical therapy. The six Washington state professors of the s designed to support the academic explactively seeks and supports diversity in	areas of study in the ar e college maintains a sti year from the Carnegie erience, including athleti	ts, sciences, humanities, s udent-faculty ratio of 11 Foundation An academic ics, study abroad, commu	and social sciences, including graduat 1 and places an emphasis on exceller ally rigorous residential college, Puget inity service, and leadership opportun	e programs in education, nce in teaching Faculty awards : Sound offers a full range of
4b	(Code) (Expenses \$		ncluding grants of \$) (Revenue \$)
70	(00.00	, (Empended ¢	·	nonaaning granies or q	, (‡	,
4c	(Code) (Expenses \$	ı	ncluding grants of \$) (Revenue \$)
_						
4d	Other	program services (Describe in	Schedule O)			
	(Expe	nses \$ 0	including grants of	\$	O) (Revenue \$	0)
4e	Total	program service expenses►\$	129,665,034			

Part TV	Checklist	of Re	auired	Schedules
	CIICCNIISE	01 110	uun cu	Schoules

			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 (see instruction)? 🕏	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D, Part II</i>	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 quasi- endowments? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
Ь	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.	11b	Yes	
c	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.	11c		No
d	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.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
Ь	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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b	Yes	1
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, Parts II and IV	15	Yes	
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, Parts III and IV.	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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		Νο
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 lines 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
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		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		Νο
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		No
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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	Yes	
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)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		Νο
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 99 0	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			
		Yes	N
Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
1b 0			
	1c		
Statements filed for the calendar year ending with or within the year covered by this return 2.857			
Note If the sum of lines 12 and 22 is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
year?	3a	Yes	
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			
account)?	4a	Yes	
If "Yes," enter the name of the foreign country ▶FR			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
Was the organization a party to a prohibited tay shelter transaction at any time during the tay year?	5a		N
			N
	30		
	5с		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
·			
were not tax deductible?	6b		
	7a		N
	7b		
	/c		N
11 res, indicate the number of forms 5252 filed during the year			
	70		N N
	7£		N
required?	7g		
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	8		
	9a		
Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
Section 501(c)(7) organizations. Enter			
Initiation fees and capital contributions included on Part VIII, line 12 10a			
against amounts due or received from them)			
	12a		
476			
Section 501(c)(29) qualified nonprofit health insurance issuers.			
· · · · · · · · · · · · · · · · · · ·	4-7-		
Note. See the instructions for additional information the organization must report on Schedule O	13a		
Enter the amount of reserves on hand			
13c	- م		
uid the organization receive any payments for indoor tanning services during the tax year?	14a		N.
	Enter the number reported in Box 3 of Form 1096. Enter -0 - if not applicable. Enter the number of Forms W-2G included in line 1a. Enter -0 - if not applicable. Do dith enganization comply with backton withholding rules for reportable paramets to vendors and reportable gaming (gambling) winning to prize winners? Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this Testure. The state of the calendar year ending with or within the year covered by this Testure. The sum of lines 1 and 2 as is greater than 250, you may be required to a -file (sea instructions). But the sum of lines 1 and 2 as is greater than 250, you may be required to a -file (sea instructions). But the sum of lines 1 and 2 as is greater than 250, you may be required to a -file (sea instructions). But the sum of lines 1 and 2 as is greater than 250, you may be required to a -file (sea instructions). But the calendar year, did the organization have unrelated business gooss income of \$1,000 or more duming the year? If "Yes," this if ties a form 990-1 for this year? If "No." provide an explanation in Schedule 0. At any time during the calendar year, did the organization shave an interest in, or a signiture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a fire year in the same of the foreign country (such as a bank account, account)? Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? Was the organization aparty to a prohibited tax shelter transaction at prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8085-17. Does the organization aparty to a prohibited tax shelter transaction and year in the same of the foreign secretion and year in the same of the form 8085-17. If yes, "all the organization method and year in the same of the form 800000000000	Enter the number reported in Box 3 of Form 1006 Enter-0- if not applicable Enter the number of Forms W-26 included in line 1a. Enter-0- find applicable Dot the organization campy with backup withholding rules for reported by payments to ventors and reportable aming (gambling) winnings to prize winners? It is the sum of lines 1a and 2a is greater than 250, you may be required to a file (see instructions) Dot the organization have uncertained by the sum of lines 1a and 2a is greater than 250, you may be required to a file (see instructions) Dot the organization have uncertained by unsersing organization file all required federal employment tax returns? Provided the sum of lines 1a and 2a is greater than 250, you may be required to a file (see instructions) Dot the organization have uncertained by the organization file and interest in, or a signature or after authority year? If "Yes," has it filed a Form 90-7 for this year? If "No," provide an explanation in Scholule 0. At any time during the calendar year, ald the organization filed an interest in, or a signature or after authority against a carbon this foreign country (such as a bine account; or other filing requirements for Form 7D F 90-221, Report of Foreign Bank and Financial Accounts For instructions for filing requirements for Form 7D F 90-221, Report of Foreign Bank and Financial Accounts The year of the organization party to a prohibited tax schelar transaction at any time during the tax year? So any taxable party northy the organization that it was or is a party to a prohibited tax schelar transaction of the year of the second party of the party of the organization file Form 8864-77. So as the organization have annual gross receipts that are normally greater than 5100,000, and did the organization receive any solicitations will be reported to the payor? If "Yes," find the organization receive any year of the value of the goods or services provided to the payor? If "Yes," find the organization receive any finds, directly or indirectly, on a	Enter the number reported in Box 3 of Form 1096. Enter-0- if not applicable Enter the number of Forms W-26 included in line 16. Enter-0- if not applicable Did the organization comply with backup withholding mules for reportable payments to vendors and reportable around (genthing) without to proceed on Form W-2. International depth of multiples reported on Form W-2. International depth of foreign Bank and Financial Accounts over a financial Accounts of Form W-2. International depth of foreign Bank and Financial Accounts over a financial Accounts of Form W-2. International depth of foreign Bank and Financial Accounts (Fig. 2) in the Form W-2. International depth of foreign Bank and Financial Accounts (Fig. 3) in the foreign patrix native for financial Accounts (Fig. 3) in the foreign patrix native forei

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.

									_
Check if Schedule O-contains a response to an									1.4
. Neck it Schenille U. contains a response to an	nijestion in this Part VI -	_	_	_	_	_	_	_	- 14

Se	ction A. Governing Body and Management			
			Yes	No
				_
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are			
	ındependent			
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		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6		N o
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u> No</u>
	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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		Νο
ь	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		
Se	ction C. Disclosure	1		-
17	List the States with which a copy of this Form 990 is required to be filed▶MA, MD, MI, MO, NH, OR, WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

Janet S Hallman

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, if any 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, and 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 neither the organ	•	elated o	rganı	zatio	on co	ompen	sate	d any current office	r, director, or trust	ee
(A) Name and Title	(B) Average hours per	Posi	tion (that a	C) (che	ckal			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	week (describe hours for related organizations in Schedule O)	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
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per	1	tion (che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	on amount of ot d compensati	ated fother	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	,	•	:he on and ed
See A	ddıtıonal Data Table												
											+		
							-						
											_		
							1						
1b	Sub-Total				•	•		*			_		
c d	Total from continuation sheets Total (add lines 1b and 1c) .	to Part VII, Sec					-	 	2,449,624		0	ı	573,593
2	Total number of individuals (incl \$100,000 in reportable compen	luding but not lir	nıted to	thos	e lıs) who		n			, <u> </u>
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc.					eye •	mploy •	ee, o	r highest compens	ated employee	3		No
4	For any individual listed on line organization and related organiz										4	Yes	
5	Did any person listed on line 1a services rendered to the organiz		-						=	r individual for •	5		No
	ection B. Independent Con	tractors											
	Complete this table for your five								*L-+	4 h =			

1 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
107	e Crutcher Lewis Spring Street de, WA 981041052	Const supplies and services	6,048,605
РО В	Construction Inc ox 6728 vue, WA 980080728	Const supplies and services	5,910,991
РО В	enson Construction ox 1867 vue, WA 98009	Const supplies and services	2,861,663
1932	n Cywinski Jackson 1st Ave Ste 916 de, WA 98101	Architectural services	690,985
PO 1	Electnc Inc 1184 ma, WA 98411	Electrical supplies and serv	653,353
2	Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶66	who received more than	

Part \		2010) Statement of Revenue				Pag	e 9
		1 Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	1
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	0				
gra	Ь	Membership dues 1b	0				
چ. ۳.	С	Fundraising events 1c	16,058				
<u>≅</u> ,ਰੋ	d	Related organizations 1d	0				
å,Š,	е	Government grants (contributions) 1e	2,229,005				
e E	f	All other contributions, gifts, grants, and 1f	9,854,308			! 	!
ē€.		similar amounts not included above Noncash contributions included in lines 1a-1f \$	2,533				
돌	_			12,000,271			
O m	h	Total. Add lines 1a-1f		12,099,371			
<u>a</u>			Business Code				
ře E	2a	Education	611310	125,028,422	125,028,422	0	'
<u> 8</u>	ь	<u></u>					
AC 0	С						
Ser.	d						
Ē	е						
Program Service Revenue	f	All other program service revenue		0	0	0	
Ě	а	Total. Add lines 2a-2f		125,028,422			
	_	Investment income (including dividends, interest		, ,			
		and other similar amounts)		4,121,237	0	0	4,121,23
	4	Income from investment of tax-exempt bond proceeds $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		0	0	0	(
	5	Royalties		0	0	0	
		(ı) Real	(II) Personal				
		Gross Rents					
	_	Less rental expenses					
	С	Rental income 0 or (loss)	0				
	d	Net rental income or (loss)					
		(i) Securities	(II) O ther				
	7a	Gross amount 45,885,653 from sales of assets other than inventory	66,691				
	ь	Less cost or 44,656,630	66,348				
		other basis and sales expenses					
		Gain or (loss) 1,229,023	343	4 220 266			
		Net gain or (loss)		1,229,366	0	0	1,229,36
<u>o</u>	8a	Gross income from fundraising events (not including					
E E		\$15,528					
è		of contributions reported on line 1c) See Part IV, line 18					
Other Revenue		a	9,310				
Ě	ь	Less direct expenses b	13,100				
0	С	Net income or (loss) from fundraising events 🛌		-3,790		0	-3,790
		Gross income from gaming activities See Part IV, line 19 . a	1,544				
			b 896	648	0	0	64
		Net income or (loss) from gaming activities		040			041
		returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory •					
		Miscellaneous Revenue	Business Code				
	11a	Loss Other Endowment	900099	-333,099	0	-333,099	
	H	Investment Gain other investment	611310	5,236,236	0	0	5,236,23
		Gain other investment		5,250,250		 	, == 5,25
		I All other revenue		0	0	0	
		TAII other revenue					
		▶		4,903,137			
	12	Total revenue. See Instructions		147,378,391		-333,099	
	l			147,378,391	125,028,422		10,583,69

	990 (2010)				Page 10
Par					
	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to α	<u>-</u>		(D)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	37,960,243	37,960,243		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	548,717	548,717		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,184,981	665,376	1,062,854	456,751
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	62,579	37,475	25,104	
7	Other salaries and wages	46,152,871	38,293,075	6,338,186	1,521,610
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,000,639	4,192,404	691,340	116,895
9	Other employee benefits	6,628,530	5,271,511	1,116,346	240,673
10	Payroll taxes	3,249,938	2,548,304	571,073	130,561
а	Fees for services (non-employees) Management	0		,	· · ·
ь	Legal	185,542		185,542	
c	Accounting	100,000		100,000	
d	Lobbying	2,605		2,605	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	2,346,779		2,346,779	
g	Other	4,434,553	3,271,439	1,043,995	119,119
12	Advertising and promotion	1,605,298	969,408	412,033	223,857
13	Office expenses	3,466,139	2,737,808	563,412	164,919
14	Information technology	1,286,053	1,095,216	152,783	38,054
15	Royalties	23,639	22,371	1,268	
16	Occupancy	3,705,492	1,523,726	2,181,077	689
17	Travel	1,942,138	1,640,596	175,925	125,617
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	197,248	149,475	38,085	9,688
20	Interest	2,464,525	2,190,610	243,186	30,729
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,883,988	9,387,161	1,379,906	116,921
23	Insurance	632,516	14,444	618,072	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Allocation of plant O&M	0	9,010,675	-9,088,411	77,736
b	Goods purchased for resale	4,508,270	4,508,270	0	0
С	Study abroad program expense	3,475,066	3,475,066	0	0
d	Membership dues	280,630	118,737	159,298	2,595
е					
f	All other expenses	2,234,696	32,927	2,201,769	
25	Total functional expenses. Add lines 1 through 24f	145,563,675			3,376,414
26	Joint costs. Check here ► ✓ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0		0	0
	combined educational campaign and fundraising solicitation	U	<u> </u>	ı	0

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	•		12,081,526	1	13,206,122
	2	Savings and temporary cash investments	39,409,033	2	30,406,059		
	3	Pledges and grants receivable, net	14,744,525	3	2,046,133		
	4	Accounts receivable, net			1,358,488	4	9,633,681
	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), and contributing esponsoring organizations of section 501(c)(9) voluntary emploorganizations (see instructions)	mploy	ers, and			
¥.		Schedule L				6	
Assets	7	Notes and loans receivable, net			16,506,334	7	15,729,779
₹	8	Inventories for sale or use			757,097	8	711,708
	9	Prepaid expenses and deferred charges			3,551,369	9	2,883,946
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	253,351,427			
	b	Less accumulated depreciation	10b	78,422,894	153,271,232	10c	174,928,533
	11	Investments—publicly traded securities			124,146,337	11	146,167,882
	12	Investments—other securities See Part IV, line 11	98,682,087	12	109,597,084		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets			595,428	14	890,855
	15	Other assets See Part IV, line 11			9,094,525	15	2,166,884
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			474,197,981	16	508,368,666
	17	Accounts payable and accrued expenses .			16,318,964	17	17,535,739
	18	Grants payable	21,442	18	55,165		
	19	Deferred revenue			2,542,742	19	2,916,018
	20	Tax-exempt bond liabilities			63,694,205	20	62,235,625
es	21	Escrow or custodial account liability Complete Part IV of Schedu			131,189	21	111,288
bilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .	•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			29,018,637	25	26,460,406
	26	Total liabilities. Add lines 17 through 25			111,727,179	26	109,314,241
		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	lines 27			
<u>Ф</u>		through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			192,467,604	27	207,339,457
Fund Balances	28	Temporarily restricted net assets			71,241,008	28	90,151,310
Ξ	29	Permanently restricted net assets			98,762,190	29	101,563,658
Fu		Organizations that do not follow SFAS 117, check here ► ┌ a	nd con	nplet e			
10		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			362,470,802	33	399,054,425
	34	Total liabilities and net assets/fund balances			474,197,981	34	508,368,666

Pal	Check if Schedule O contains a response to any question in this Part XI		•	.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		147,3	378,391
2	Total expenses (must equal Part IX, column (A), line 25)	2			563,675
3	Revenue less expenses Subtract line 2 from line 1	3		1,8	314,716
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		362,4	170,802
5	Other changes in net assets or fund balances (explain in Schedule O)	5		34,7	768,907
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		399,0	54,425
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	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 taudit, 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 its 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 is on a separate basis, consolidated basis, or both	ssued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
3a	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 raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ) Department of the Treasury

Internal Revenue Service

h

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.

Name of the organization THE UNIVERSITY OF PUGET SOUND

IIIL OI	VIVERS	91-0564961			
Pai	τI	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions		
The o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)			
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(hospital's name, city, and state	(iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit	describe	d ın	
_	_	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	<u>'</u>			مبلطييم	
7	'	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	e generai	public	
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membershi	p fees, ar	nd gros	ss
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than	n 331/3%	of	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from	om busine	esses	
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)			
10	Γ	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See sectified box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more di other than foundation managers and other than one or more publicly supported organizations described in s section 509(a)(2)		-	
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supcheck this box	porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		l

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove docume	Is the		support? In the U S ?		(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pic	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	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						
	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)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15		
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493130002152

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 V, 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

Se If the	ction 501(c)(3) organizations that	t have filed Form 5/68 (election under t have NOT filed Form 5768 (election s," to Form 990, Part IV, Line 5 (F zations Complete Part III	under section 501	(h)) Complete Part II-B Do r	not complete Part II-A				
Na	me of the organization E UNIVERSITY OF PUGET SOUND				ntification number				
D	Commission if the own			91-0564961					
Par	Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.				
1	Provide a description of the org	ganızatıon's dırect and ındırect polıt	ical campaign act	ivities in Part IV					
2	Political expenditures			►	\$				
3	Volunteer hours								
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).					
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	; -	\$				
2	Enter the amount of any excise	e tax incurred by organization mana	gers under section	n 4955 🕨	\$				
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No				
4a	Was a correction made?				☐ Yes ☐ No				
ь	If "Yes," describe in Part IV								
Par		ganization is exempt under	section 501(c) except section 50:	1(c)(3).				
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities 🕨	\$				
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to c	ther organizations	s for section 527	\$				
3	Total exempt function expendit	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b					
4	Did the filing organization file F			·	→				
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.								
	(a) Name	(b) A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
4	Check If the filing organization belongs to a			
<u>B</u>	Check If the filing organization checked bo	x A and "limited control" provisions apply		T
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobbyıng)	2,60!	5
c	Total lobbying expenditures (add lines 1a and 1	b)	2,60!	5
d	Other exempt purpose expenditures		145,561,070	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	145,563,67	5
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
		·		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1 f from line 1 c If zero or less ente	ar - ∩ -	1	

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.)

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

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000	
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000	
_с	Total lobbying expenditures	235	242	3,416	2,605	6,498	
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000	
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000	
f	Grassroots lobbying expenditures	0	0	0	0	0	

	······································
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	· · · · · · · · · · · · · · · · · · ·	(a)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		•	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		•	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		•	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
SchC_P2A_S00_L01c		In addition to the lobbying amounts reported on line 1c, the university paid \$70,523 in membership dues to organizations that may have performed lobbying activities on behalf of its membership. These organizations are 501(c)(3) organizations which are exempt under section 6033(e) from having to report to its membership the portion of dues that are allocable to political or lobbying activities. As such, the university does not have this information to report on this return.

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DLN: 93493130002152

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.

Open to Public

emai Rev	renue Service F Attach to Fo	orm 990. F See separate instructions.		Tushecu	UII
	of the organization IIVERSITY OF PUGET SOUND		Employer identific	ation number	
			91-0564961		
Part	Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		ınds or Account	s. Complete	if the
	organization answered Tes to Form 99	(a) Donor advised funds	(b) Funds and	other account	:s
Т	otal number at end of year	(a) z ener autoca ianac	(2) : 1::10 1::11		· ·
	ggregate contributions to (during year)				
	ggregate grants from (during year)				
	ggregate value at end of year				
D	id the organization inform all donors and donor advi inds are the organization's property, subject to the		or advised	□Yes	□ No
			may be	, 103	, 110
u:	id the organization inform all grantees, donors, and sed only for charitable purposes and not for the ben onferring impermissible private benefit		•	┌ Yes	┌ No
art	Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part I	V, line 7.	
	urpose(s) of conservation easements held by the oi Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space omplete lines 2a-2d if the organization held a quali asement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importar ertified historic stru of a conservation	•	
	asement on the last day of the tax year	Γ	Held at the	e End of the Y	ear
a T	otal number of conservation easements	F	2a	e End of the !	
_	otal acreage restricted by conservation easements	<u> </u>	2b		
	umber of conservation easements on a certified his		2c		
_	umber of conservation easements included in (c) ac	` ′	2d		
			<u> </u>		
	umber of conservation easements modified, transfe ne taxable year 🛌	Trea, released, extinguished, or terminate	d by the organization	i during	
l N	umber of states where property subject to conserva	ation easement is located 🛌			
	oes the organization have a written policy regarding inforcement of the conservation easements it holds?		lling of violations, an	d Yes	┌ No
S	taff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year	-	
' A	mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year ► \$		
	oes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes	┌ No
b	n Part XIV , describe how the organization reports co alance sheet, and include, if applicable, the text of t ne organization's accounting for conservation easen	he footnote to the organization's financial			
art I	Organizations Maintaining Collection Complete if the organization answered '	ns of Art, Historical Treasures, o 'Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.	
a	the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of p		
h	the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir		•	
(i	Revenues included in Form 990, Part VIII, line 1		► \$		0
(i	ii) Assets included in Form 990, Part X			539	
If	the organization received or held works of art, histological amounts required to be reported under SFA				
	evenues included in Form 990, Part VIII, line 1		⊳ - \$		0
			· *		

Par	t IIII Organizations Maintaining Co	llections of Art,	Histori	cal Trea	sures, or (Othe	r Similar <i>A</i>	sse	ts (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of the fol	_	_			ction		
а	Public exhibition		d ⊾	Loan or e	xchange prog	rams	i			
b	Scholarly research		e 🔽	Other Te	aching mate	rıal a	nd curricula to	K-1	2	
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and explair	n how the	y further th	e organizatio	n's e	kempt purpos	e in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to	o be maintained as p	art of the	organizati	on's collectio	n?		Г		√ No
Pai	Part IV, line 9, or reported an am				ion answere	ed "Y	es" to Form	990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	liary for c	ontribution	s or other as	sets	not	Γ,	' es	▽ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able	,		T			
							<i>P</i>	mou	nt	
С.	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo		21?					\ <u>\</u>	fes	No
	If "Yes," explain the arrangement in Part XIV			! !!\/!! -	000	D-				
Ра	rt V Endowment Funds. Complete i						rt IV, IINE IU (d)Three Years			
		(a)Current Year	(b)Prior		c)Two Years Ba		Back	(e)Four Y	ears Back
1a	Beginning of year balance	217,690,667		5,505,393	244,480,					
b	Contributions	5,125,849 41,969,501		7,418,474 3,616,915	6,736, -42,356,					
C	Investment earnings or losses	6,020,356		5,580,841	4,945,	_				
d	Grants or scholarships Other expenditures for facilities	5,161,501		5,853,911	6,005,					
e	and programs			, ,						
f	Administrative expenses	2,312,710 251,291,450		2,415,363 7,690,667	2,403, 195,505,			-		
g	End of year balance			7,690,667	195,505,	393				
2	Provide the estimated percentage of the year		5							
а	Board designated or quasi-endowment	36 9 %								
b	Permanent endowment ► 62 9 %									
c	Term endowment ► 0 2 %	6.1								
3a	Are there endowment funds not in the posses organization by	sion of the organizat	tion that a	are held and	d administere	ed for	the	[Yes	No
	(i) unrelated organizations						3	a(i)	Yes	
	(ii) related organizations						3	a(ii)		Νo
	If "Yes" to 3a(II), are the related organization	· ·						3Ь		
4	Describe in Part XIV the intended uses of the				D- 1 1/ 1	4.0				
Par	t VI Investments—Land, Buildings	s, and Equipmen						. T		
	Description of investment			Cost or other (investment			(c) Accumulate depreciation		(d) Boo	ok value
	Land			315,000	<u> </u>	0,133		\perp	1	0,955,133
	Buildings		·	1,298,95	+ '		66,809,6			3,561,802
	Leasehold improvements		·		<u> </u>	3,346				9,069,587
	Equipment		•		0 34,54	1,464	3,199,4	53	3	1,342,011
e	Other		. 1		UI	n	1	UI		0

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

174,928,533

Part VII Investments—Other Securities. See F	orm 990, Part X, line 12)	
(a) Description of security or category	(b) Book value		d of valuation
(including name of security) (1)Financial derivatives	0	Cost or end-or	year market value
(2)Closely-held equity interests	0		
(3)O ther			
(A) Endowment hedge funds	45,053,295		<u>F</u>
(B) Endowment private equity	20,550,050		F
(C) Fordermont amounts and extents I Do 0 DELTC	10.600.041		
(C) Endowment private real estate, LPs & REITS	18,680,841		F
(D) Endowment natural resources LPs	15,717,221		<u> </u>
(E) Endowment trusts with external trustees	1,886,251		F
			<u> </u>
(F) Investment in subsidiary	7,709,426		<u>F</u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	109,597,084		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		d of valuation - year market value
			•
			_
Part IX Other Assets. See Form 990, Part X, col (B) line 13)	0.15		
(a) Description			(b) Book value
(1) Beneficial interest in outside trusts			2,034,892
(2) Assets restricted for investment in campus facilities			131,992
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15			2,166,884
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability			
	(b) A mount		
Federal Income Taxes Government advances for student loans	12 122 466		
Unrealized loss on interest rate swaps	13,122,466		
Liabilities under split-interest agreements	2,575,458		
Asset retirement obligation	1,562,727		
Capital lease obligations	108,754		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	26,460,406		

Pal	15XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	147,378,391
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	145,563,675
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,814,716
4	Net unrealized gains (losses) on investments	4	31,365,856
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	4,344,906
9	Total adjustments (net) Add lines 4 - 8	9	35,710,762
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	37,525,478
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	142,737,817
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 0		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-2,310,600
3	Subtract line 2e from line 1	3	145,048,417
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 2,343,970		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	2,329,974
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	147,378,391
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	105,212,339
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)	-	
е	Add lines 2a through 2d	2e	13,996
3	Subtract line 2e from line 1	3	105,198,343
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 2,343,970	1	
b	Other (Describe in Part XIV)	1	
_ C	Add lines 4a and 4b	4c	40,365,332
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	145,563,675

Part XIV Supplemental Information

SchD_P13_S00_L02d

SchD_P13_S00_L04b

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 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
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The Slater Museum of Natural History The Slater Museum of Natural History, which is located on the university's campus in Thompson Hall, provides one of the region's significant repositories for bird, mammal, reptile, amphibian and plant specimens from the Pacific Northwest. The museum serves as resource for students, researchers, artists and educators alike. The museum plays a significant role in the university's biology program and is used by schools throughout the south Puget. Sound area. Thousands of K-12 students are exposed to the museum's collections through curriculum kits that go into the schools or museum tours. Exhibits to be installed this summer will further strengthen the museum's role as a resource for community groups, for educational programming, museum-based excursions. The Collins Memorial Library. The unique collections of the Collins Memorial Library cover a broad range of topics, formats and periods. The library's many unique materials include artists' books, manuscript collections, photographs, rare books, and materials that document local and regional history and art. The collections provide educational and research resources for students, faculty, and staff and support the university's commitment to teaching, learning, civic engagement, and diversity.
SchD_P04_S00_L02b	Schedule D, Part IV, Line 2b	The university receives scholarship and fellowship funds from unrelated granting organizations and awards them to specific, named students as directed by the granting organizations. The university also acts as custodian for the funds of service organizations in which students, faculty, or staff participate. These organizations are legally separate from the university and are funded from sources independent of the university.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The university's endowment includes donor-restricted endowment and funds designated by the Board of Trustees to function as endowment (quasi-endowment). The university's donor-restricted endowment was created through the generosity of generations of donors who requested that their gifts be invested for a period of time or in perpetuity to provide resources to support the university's mission. The university's quasi-endowment was created by the Board of Trustees through their designation of unrestricted bequests and careful stewardship of other unrestricted resources. The purpose of the endowment is to provide ongoing financial support for the university's annual operations. The university recognizes that support for current operations must be consistent with the long-term growth of the endowment. Over time the university's goal is to grow the endowment through careful investment and through the addition of new gifts, while providing steadily growing support to university programs across generations.
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The university had no unrecognized tax benefits that would have required an adjustment to its net assets, and no unrecognized tax benefits at June 30, 2011. In general the university is no longer subject to U.S. federal and state income tax examinations by tax authorities before its fiscal year ended June 30, 2005.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	A ctuarial adjustments and other changes \$3,403,052, investment gain from subsidiary \$1,513,362, dividend income from subsidiary (\$571,508)
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	A ctuarial adjustments and other changes \$3,403,052, student financial aid expense (\$38,021,362), investment gain from subsidiary \$1,513,362 and dividend income from subsidiary (\$571,508)
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Fundraising and gaming expenses (\$13,996)
SchD D13 S00 L024	Schodulo D. Bart VIII June 2d	Fundraising and gaming expenses \$13,006

Schedule D, Part XIII, Line 2d

Schedule D, Part XIII, Line 4b

Fundraising and gaming expenses \$13,996

Student financial aid \$38,021,362

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization THE UNIVERSITY OF PUGET SOUND

91-0564961 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 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 Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II 7 Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	The university publishes its nondiscriminatory policy towards students annually in a new spaper under guidelines set forth in Rev Proc 75-50, 1975-2 CB 587 Section 4 03. The university also includes this nondiscriminatory statement in publications dealing with student admissions, programs, and scholarships
SchE_P01_S00_L06	Schedule E, Part I, Line 6	The university receives funding from the federal government to support student workstudy and financial aid including. Federal Work-Study Program, Federal Pell Grant Program, Academic Competitiveness. Grants, National Science and Mathematics Access to Retain Talent (SMART) Grants, Teacher Education. Assistance for College and Higher Education (TEACH) Grants, Federal Supplemental Education. Opportunity Grants, and Federal Perkins Loan Program. Federal research grants have also been received directly or indirectly from the following federal agencies. National Science Foundation and National. Aeronautics and Space Administration, National Endowment for the Humanities, Department of Health and Human Services/National Institutes of Health, Department of Commerce/National Oceanic and Atmospheric Administration. Other grants received from federal agencies include. Institute of Museum and Library. Services and U.S. Department of Education.

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493130002152

Employer identification number

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Internal Revenue Service

"Yes" to Form 990, Part IV, line 14b.

THE UNIVERSITY OF PUGET SOUND 91-0564961

Part I General Information on Activities Outside the United States. Complete if the organization answered

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean	0	0	Grantmakıng		47,3
East Asia and the Pacific	0	0	Grantmakıng		64,9
Europe (including Iceland and Greenland)	0	0	Grantmakıng		263,3
Sub-Saharan Africa	0	0	Grantmakıng		13,9
South America	0	0	Grantmakıng		66,2
North America (including Canada and Mexico, but not the United States)	0	0	Grantmakıng		92,7
Europe (including Iceland and Greenland)	1	1	Program Services	Study Abroad Program	160,1
East Asia and the Pacific	0	0	Program Services	Study Tour	10,4
East Asia and the Pacific	0	0	Program Services	Faculty travel to conferences and professional meetings	15,9
Europe (including Iceland and Greenland)	0	0	Program Services	Faculty travel to conferences and professional meetings	14,6
Middle East and North Africa	0	0	Program Services	Faculty travel to conferences and professional meetings	1,5
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Faculty travel to conferences and professional meetings	7,9
South America	0	0	Program Services	Faculty Travel to Conferences and Professional Meetings	1,5
Central America and the Caribbean			Investments		36,970,0
Sub-total					
Total from continuation sheets to Part I					
	1	1 the Instructions		No 50082W Schedul	37,73 e F (Form 990) 20

Use Part V if additional space is needed.

	Name of anization	(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
			North America (including Canada and Mexico, but not the United States)	Research	92,798	Check	0		
_									
_									
_									
_									
_									
_									
_									
tax	x-exempt b	by the IRS, or fo	ent organizations list or which the grantee	or counsel has pro	ovided a section 50:	1(c)(3) equivalency	letter	. •	1
3 En	iter total nu	ımber of other	organızatıons or ent	ities					0 (Form 990) 2010

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

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 Part V if additional space is needed.

Use Part V ıf a	ddıtıonal space ıs ne	eded.		<u> </u>			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Financial aid grants posted to each student's Puget Sound account when students were studying abroad that term	Central America and the Caribbean	7		A Id posted to student account held at the university	0		
Financial aid grants posted to each student's Puget Sound account when students were studying abroad that term	East Asia and the Pacific	6	64,945	Aid posted to student account held at the university	0		
Financial aid grants posted to each student's Puget Sound account when students were studying abroad that term	Europe (including Iceland and Greenland)	31	263,359	Aid posted to student account held at the university	0		
Financial aid grants posted to each student's Puget Sound account when students were studying abroad that term	Sub-Saharan Africa	1	13,995	A id posted to student account held at the university	0		
Financial aid grants posted to each student's Puget Sound account when students were studying abroad that term	South America	7		A Id posted to student account held at the university	0		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u> </u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	ি	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	▽	Yes	Г	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	Student financial aid grants. All students seeking need based financial assistance are required to complete the FAFSA. Eligibility, or need, is determined through federal methodology and resulting Expected Family Contribution as set against standard cost of attendance. Need based aid is awarded based on federal and/or state eligibility requirements and institutional aid is awarded according to institutional policy. Amounts of aid awarded are in compliance with governing regulations or institutional policy. In compliance with Title IV regulations, total aid from all sources cannot exceed need or the annual cost of tuition, regardless of the level of need. Aid awards are posted to student accounts as an offset to semester charges. Institutional policy prohibits the release or refund of aid to students unless total charges for the semester have been paid.

ldentifier	Return Reference	Explanation
SchF_P01_S00_L03	Part I, Line 3	The university's financial statements are accounted for on an accrual basis of accounting. As such, the expenditures reported by region in column (f) are accounted for on an accrual basis of accounting and do not include expenditures that were accrued in a prior reporting period. Under the university's current accounting procedure, indirect and direct expenses associated with certain activities outside the United States are not separately tracked and therefore not included in column (f). Also included in column (f) is the book value of investments (\$36,970,027) that may not represent current year expenditures.

ldentifier	Return Reference	Explanation
SchF_P03_S00_L00	Schedule F, Part III	The number of recipients reported in column (c) were actual numbers obtained from the university's Student Financial Services. This department keeps a record of cash grants and the recipients

Schedule F (Form 990) 2010

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

DLN: 93493130002152

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

Name of the organization **Employer identification number** THE UNIVERSITY OF PUGET SOUND 91-0564961 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

 Indicate whether the organizations Mail solicitations Internet and e-mail solicities Phone solicitations In-person solicitations Did the organization have a workey employees listed in Fo If "Yes," list the ten highest p to be compensated at least \$ 	ritten or oral agree orm 990, Part VII) paid individuals or o 5,000 by the orga	ement wit or entity entities (nization	e f g :h any ind in conne fundraise Form 990	dividu ection ers) p 0-EZ	Solicitation of nor Solicitation of gov Special fundraisin al (including office with professional f ursuant to agreement filers are not requi	n-government grants vernment grants rg events rs, directors, trustees fundraising services? ents under which the fur ired to complete this tal	ole I
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo	Did ser have ody or rol of utions?) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No				
Total			.				
				<u> </u>			I

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form							
			(a) Event #1 Auction (event type)	(b) Event #2 Golf Tournament (event type)	(c) O ther Events 0 (total number)	(d) Total Events (Add col (a) through col (c))			
£	1	Gross receipts	5,048	19,790		24,838			
Revenue	2	Less Charitable contributions	3,738	11,790		15,528			
<u></u>	3	Gross income (line 1 minus line 2)	1,310	8,000		9,310			
	4	Cash prizes	0	0		0			
မာ	5	Non-cash prizes	0	118		118			
Expenses	6 Rent/facility costs		0	10,884		10,884			
	7	Food and beverages	1,100	98		1,198			
Direct	8	Entertainment	0	0		0			
ឨ	9	Other direct expenses .	100	800		900			
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	13,100			
	11	Net income summary Combine lii				-3,790			
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))			
		Gross revenue							
ses	2	Cash prizes							
Expenses	3	Non-cash prizes							
	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	∀es % No	Γ Yes % Γ No	┌ Yes %	_			
	7	Direct expense summary Add lines	s 2 through 5 in column (d)	•				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	<u> </u>				
9 a b	Ist	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?							
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								

11	Does the organization operate ga	aming activities with nonmembers?		Γ_{Yes} Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity	
	formed to administer charitable (jaming?		Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility			1
b	An outside facility		13b	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a		ntract with a third party from whom th		
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the	
c	If "Yes," enter name and address	5		
	Name 🟲			
	Address 🟲			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation l	\$		
	Description of services provided	>		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distrib		
p.				· Fyes Fno
D		required under state law distributed activities during the tax year > \$	to other exempt organizations or spent	
Par			r responses to question on Schedule	e G (see
	Identifier	ReturnReference	Explanation	

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493130002152 OMB No 1545-0047

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

Inspection

Name of the organization						Employer identificati	on number
THE UNIVERSITY OF PUGET SOUN	ID					91-0564961	
Part I General Information	on on Grants and	d Assistance				'	
 Does the organization maintain the selection criteria used to ave Describe in Part IV the organization 	ward the grants or as	sistance?					✓ Yes
Part II Grants and Other A Form 990, Part IV, III duplicated if additional	ne 21 for any recip	nent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2	01(-)(2)		1		l	<u> </u>	
2 Enter total number of section 5							
3 Enter total number of other orga	amizations					<u> </u>	

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

(a)Type of grant or assistance	(b)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
(1) Student Financial Aid Grants	2228	37,623,626			
(2) Student Research Grants	171	273,616			
(3) Faculty Research Grants	21	24,706			
(4) Other Student Grants and Allocations	221	38,385			

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

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DLN: 93493130002152

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization THE UNIVERSITY OF PUGET SOUND

Compensation Information

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

91-0564961 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4ь Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Kristine M Bartanen	(ı) (ıı)	198,151 0	0	1,887 0	25,826 0	12,742 0	238,606 0	
(2) David R Beers	(ı) (ıı)	215,483 0	0 0	1,500 0	40,944 0	47,871 0	305,798 0	
(3) George H Mills Jr	(ı) (ıı)	172,640 0	0	1,500 0	20,717 0	5,932 0	200,789	
(4) Sherry B Mondou	(ı) (ıı)	225,908 0	0	1,914 0	41 ,783 0	16,162 0	285,767 0	
(5) J Michael Segawa	(ı) (ıı)	133,487 0	0	1,500 0	16,031 0	5,951 0	156,969 0	
(6) Ronald R Thomas	(ı) (ıı)	397,911 0	0	1,500 0	153,081 0	24,605 0	577,097 0	
(7) John M Hickey	(ı) (ıı)	144,447 0	0 0	1,296 0	17,334 0	2,176 0	165,253 0	
(8) Kathleen Hummel- Berry	(ı) (ıı)	51,740 0	0 0	223,518 0	6,239 0	3,096 0	284,593 0	
(9) William E Morse Jr	(ı) (ıı)	124,495 0	5,000 0	1,488 0	14,951 0	5,375 0	151,309 0	
(10) John P Woodward	(ı) (ıı)	124,069 0	0 0	600 0	16,224 0	43,887 0	184,780 0	
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
·					·			de 1 (Fermi 000) 2010

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a	Part I, Line 1a	First-class or charter travel The president is the only position reported in Form 990, Part VII for which the university paid or reimbursed business- or first-class travel. The university did not utilize chartered flights for air travel. Extensive travel is required of the position of president and s/he is encouraged by the Board of Trustees to travel business or first class on flights of two hours or more. This provision is made for several reasons. (1) business or first-class travel allows for the most flexibility to accommodate a travel schedule that must frequently be altered, often at the last minute to accommodate donors' schedules, add critical meetings, or to take advantage of other strategic opportunities for the university, (2) circumstances sometimes call for the president to return to campus without notice, or to remain on campus when a trip was planned, and first or business-class travel best accommodates these changing conditions, and (3) the Board of Trustees wishes the president to be at his or her best performance representing and seeking funding for the university during often grueling travel itineraries for meetings frequently critical to the institution's well-being
SchJ_P01_S00_L04	Part I, Line 4	Line 4b Persons who participated in a supplemental nonqualified retirement plan, including a reasonable estimate of their potential share of the increase in actuarial value of the faculty early retirement and career change plan and the postretirement medical plan Ronald R Thomas (\$123,371), Sherry B Mondou (\$13,463), David R Beers (\$14,414), Kristine M Bartanen (\$1,240), and John P Woodward (\$1,280) Persons who received payment from a supplemental nonqualified retirement plan Kathleen Hummel-Berry (\$196,520), and David A Droge (\$118,485)

Schedule J (Form 990) 2010

DLN: 93493130002152

OMB No 1545-0047

Open to Public **Inspection**

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

THE UNIVERSITY OF PUGET SOUND

Employer identification number

91-0564961

Pa	rt I Bond Issues															
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	(e) Issue Price (f) Description of Purpo			of Purpose	(g) De	feased	Beh	On alf of suer		Pool ncing	
											No	Yes	No	Yes	No	
	Washington Higher Education Facilities Authority (WHEFA)	06-30-2006	30,000	30,000,000 Finance the construction and renovation of campus facilities				х		Х		х				
	Washington Higher Education Facilities Authority (WHEFA)	91-1306482	939781WT3	06-30-2006	22,360	22,360,966 To advance refund WHEFA revenue bo					х		х		х	
Da	Tata Drogoods															
Pa	Part II Proceeds							E	<u> </u>		С					
1	A mount of bonds retired				-		0	-	0							
2	A mount of bonds legally defeased						0		0							
3	Total proceeds of issue		0 0													
4	Gross proceeds in reserve fu	nds					0		0							
5	Capitalized interest from proc	eeds					0		0							
6	Proceeds in refunding escrow	,					0		0							
7	Issuance costs from proceed	s				0 0										
8	Credit enhancement from pro	ceeds				0 0										
9	Working capital expenditures	from proceeds			0 0											
10	Capital expenditures from pro	oceeds					0		0							
11	Other spent proceeds						0		0							
12	Other unspent proceeds						0		0							
13	Year of substantial completio	n			20	08		20	01				•			
					Yes	No	•	Yes	No	Yes		No	Yes		No	
14	Were the bonds issued as par	rt of a current refun	ding issue?			х			Х							
15	Were the bonds issued as par	t of an advance ref	unding issue?			х]	Х								
16	Has the final allocation of pro	ceeds been made?			Х			Х								
17	Does the organization mainta allocation of proceeds?		and records to sup	port the final	Х			Х								
Par	t IIII Private Business l	Jse														
					Y			V			C	NI-	 ,	D	NI.	
					Yes	No)	Yes	No	Yes		No	Yes		No	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Part III Private Business Use (Continued)

		F	4		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х						
b	Are there any research agreements that may result in private business use of bond-financed property?								
С	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?	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		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %						
5	Total of lines 4 and 5		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							

Part IV Arbitrage

		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x		×				
2	Is the bond issue a variable rate issue?	X		Х					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
		X		X					
b	Name of provider	Bank of NY M	ellon	The Bank of N	Y Mellon				
С	Term of hedge		30 3		22 5				
d	Was the hedge superintegrated?		×		х				
e	Was a hedge terminated?		х		х				
4a	Were gross proceeds invested in a GIC?	Х			х				
b	Name of provider	Trinity Plus F LLC	unding Co						
С	Term of GIC		2 1						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	х							
5	Were any gross proceeds invested beyond an available temporary period?		х		х				
6	Did the bond issue qualify for an exception to rebate?	Х			Х				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130002152

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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.

2010

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	ame of the organization IE UNIVERSITY OF PUGET SOUND									Employer identification number						
				1-05649												
Part I	Excess Benefit Train Complete of the organization										lina 40h					
					m 990,		Part V,	(c) Corrected								
1	(a) Name of disq	ualified	person			(b) Desc	action	Ye								
2 Ent	er the amount of tax ımpos	ed on t	he orga	nızatıon man	agers o	r disqualified pers	ons dur	ng the	year unde	r						
	tion 4958	•								* \$ —						
3 Ent	er the amount of tax, if any	, on lin	e 2, abo	ve, reimburs	ed by th	ne organization .			•	*						
Part I																
	Complete if the organiz	zation a	ans we re	d "Yes" on F	orm 990	0, Part IV, line 26	, or For	n 990-			3 a					
			oan to				(e) i	'n	(f) Appro		(g)Writ	ten				
(a) Nam	e of interested person and purpose		om the ization?	(c)Orig		(d)Balance due	defau		by boar	d or	agreeme					
	purpose		_	- principal a	annount			T	committee?			T				
		То	From				Yes	No	Yes	No	Yes	No				
			+													
Total . Part III	Grants or Assistan				► s	Darsons										
Pail II.	Complete if the orga						/, line 2	27.								
	a) Name of interested pers			b) Relationsh	nıp betw	een interested pei			nount of a	rant or t	ype of assı	stance				
	a) Name of interested pers	.011		ar	nd the or	ganızatıon		(C)AI	illount or g	Tant or t	ype or assi	Stance				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	n answered Yes on	FORM 990, Part IV, III	ie 28a, 28b, 0f 28C.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
(1) Nancy Beers	Family member of nontrustee officer employed by university as Programs and Records Specialist	35,904	Compensation	103	No
(2) Mary Thomas	Family member of officer employed by the university as Special Associate to the Chair of the Board	25,104	Compensation		No
(3) Columbia Hospitality Inc	An entity more than 35% directly owned by spouse of a current trustee	,	Contract for oversight of dining and conference services operations		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

Name of the organization THE UNIVERSITY OF PUGET SOUND

Employer identification number

Da	Types of Property				91-0564961			
Pa	rt I Types of Property	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining of amounts		contribut	:ion
1	Art—Works of art	Х	4	1g 4.850	Estimated FMV			
	Art—Historical treasures			.,,===				
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
3000		Х		982	Estimated FMV			
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded	Х	66	1,345,004	Market value			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts .							
	Equip &	\ \ \	2.2	45.022				
25	Other ► (supplies) Gift	X	23	45,923	Estimated FMV			
26	Other ► (<u>Certificates</u>)	x	77	14.305	Value of Certificates	5		
	Event							
27	Other ► (Tickets)	Х	21	1,937	Value of tickets			
	Broadcast							
28	Other ► (<u>airtime</u>)	Х	1	· · · · · · · · · · · · · · · · · · ·	Value of airtime			
29	Number of Forms 8283 received by	-	=		29			0
	for which the organization complete	ea Form 8	3283, Part IV, Donee Ackr	owieagement			 _V	
302	During the year, did the organization	n receive	e hy contribution any prope	rty reported in Part I lines	1-28 that it		Yes	No
Jua	must hold for at least three years f							
	for exempt purposes for the entire			on, and which is not require	u to be useu	20-		No
L	If "Yes," describe the arrangement					30a		
о 31	Does the organization have a gift a			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t contributions?	nırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
ь	If "Yes," describe in Part II							
	If the organization did not report re	venuesı	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II			•	•			

Part II

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

Ident if ier	Ret urn Reference	Explanation				
SchM_P01_S00_L00	Schedule M, Part I	Column B The number of contributions represents a combination of the number of items received and the number of contributions received For publicly traded securities, the number represents each gift of stock and not the number of shares received				
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	The university utilizes thrid parties such as borkers, auctioneers, and dealers to assist in cost-effective liquidation of gifts of securities and real and tangible property, as appropriate, and to maximize the net gift received. The university has no related organizations that perform this function				

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493130002152

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

91-0564961

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	1 Michael J Corliss, Board member, and Carl G Behnke, Board Member, business relationships 2 Michael J Corliss, Board member, and George E Matelich, Board Member, business relationships 3 Michael J Corliss, Board member, and Matthew M Kelleher, Board Member, business relationships 4 Carl G Behnke, Board member, and George E Matelich, Board Member, business relationships

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The preparation and review process for The University of Puget Sound's Form 990 and required schedules is designed to produce a complete and accurate return filed on time with the IRS. The Form 990 and required schedules are prepared by qualified staff from audited financial statement data or from data provided by university personnel responsible for preparing or maintaining such information. The form and required schedules are subjected to three levels of review before they are filed with the IRS. Two non-trustee financial officers (the controller, who is a CPA and the chief financial officer) review the form and required schedules against supporting source documentation. The Form 990 and required schedules, along with interpretive commentary are provided to each voting member of the Board of Trustees (university's governing body). Any changes identified during review are made and confirmed by a non-trustee financial officer before the Form 990 and required schedules are filed with the IRS. The filed Form 990 and required schedules are reviewed annually by the Audit Committee of the Board of Trustees. Additionally, the Compensation Committee of the Board of Trustees conducts an annual review of compensation-related disclosures in the Form 990 and required schedules.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c		Annually, non-trustee officers and the Board of Trustees meet compliance requirements with a Conflict of Interest questionnaire and the office of the Secretary of the Board of Trustees monitors and manages responses

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The university follows the rebuttable presumption of reasonableness procedures identified in Treasury Regulation section 53 4958-6, which require the following three conditions to be met 1. All elements of compensation (compensation arrangements) are approved in advance by an authorized body which is the governing body, a committee of the governing body or other parties authorized by the governing body of the organization who do not have a conflict of interest with respect to the compensation arrangements. 2. Prior to making the determination, the authorized body obtains and relies upon appropriate data as to comparability. 3. The authorized body adequately documents the basis for its determination regarding compensation arrangements concurrently with making the decision. The procedures were used in determining the fiscal year 2010-2011 compensation of the president (CEO), other officers or key employees. This process is regularly undertaken for each such person anytime his/her compensation changes.

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

ldentifier	Return Reference	Explanation
F990_P07_S0A_L01a	Form 990, Part VII, Section A, Line 1a	Column (B) Average hours per week 40 hours reflect a full-time position, typically actual hours signficantly exceed 40 Column (D) Reportable compensation from the organization Compensation reported for Kathleen Hummel-Berry includes early retirement benefits and other retirement payments Compensation reported for David A Droge includes his teaching contract and early retirement benefits Column (F) Estimated amount of other compensation from the organization Benefits reported for David R Beers include dependent tuition benefits Benefits reported for John P Woodward include dependent tuition benefits

ldentifier	Return Reference	Explanation					
F990_P11_S00_L05	Form 990, Part XI, Line 5	Unrealized gains \$31,365,856, actuarial adjustment \$3,403,052, and rounding (\$1)					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493130002152

2010

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2010

Employer identification number

91-0564961

SCHEDULE R (Form 990)

Name of the organization

THE UNIVERSITY OF PUGET SOUND

Related Organizations and Unrelated Partnerships

Department of the Treasury
Internal Revenue Service

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.

Part I Identification of Disregarded Entities (Con	nplete if the o	rganızatıon a	nswered "Yes'	' on Fori	m 990, Part	IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	Prim	(b) ary activity	(c) Legal domicile (sta or foreign country	ate To	(d) otal income	(e) End-of-year assets	(f) Direct controlling entity		
(1) Rainier Heights Holdings LLC 600 University Street Suite 600 Seattle, WA 98101	Accept, I	manage and real estate	WA		0	380,45	2 N/A		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin	anizations (C g the tax year	omplete if thr.)	ne organizatior	n answei	red "Yes" or	n Form 990, Part	IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary a	ctivity Leg	(c) gal domicile (state foreign country)	Exempt C	(d) Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) controlled organizatio	
								Yes	No
(1) Northwest Academic Computing Consortium Inc 3203 SE Woodstock Blvd STE 326 Portland, OR 972028199 84-1172799	Develop and us advanced techr	se nology	OR	501	.(c)(3)	11e Type 1	N/A		No

Cat No 50135Y

art III	Identif	ication of Relate	d Org	anizations Taxal	ole as a Partners	ship (Complete ıf	the organization	answered "\	Yes" on Form 990,	Part IV, lır	ne 34	
	because it had one or more related organizations treated as a partnership during the tax year.)											
			(c)					(h)	(i)	(i)		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) Disproprtionate allocations? (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Part TV Identif	ication of Polat	ad Ora	anizations Taya	hle as a Cornora	tion or Trust (C	omplote if the ora	ובדומבו	tion ar	newored "Vec" on	Form	990	Dart IV

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CVI GVF Holdings 13 Ltd PO Box 309GT Ugland House S Church St Georgetown KY1-1104 CJ	Hold endowment investments	СЈ	N/A	С	1,482,102	9,160,977	1 00 %
(2) Charitable Remainder Trusts (19) 1500 N Warner St CMB 1075 Tacoma, WA98416	Beneficial Interest	WA	N/A	Т			
(3) Chantable Lead Annuity Trusts (3) 1500 N Warner St CMB 1075 Tacoma, WA98416	Beneficial Interest	WA	N/A	Т			
						61 11 5/	000\ 2010

r Other transfer of cash or property from other organization(s)

hedul	e R (Form 990) 2010		Рa	ge :
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Durır	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Re	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b G	ıft, grant, or capıtal contribution to other organization(s)	1 b	Yes	1
c Gı	ıft, grant, or capıtal contribution from other organization(s)	1c		N
d Lo	oans or loan guarantees to or for other organization(s)	1d		N
e Lo	oans or loan guarantees by other organization(s)	1e		N
				l
f Sa	ale of assets to other organization(s)	1f		N
g Pi	urchase of assets from other organization(s)	1 g		N
h E	xchange of assets	1h		N
i Le	ase of facilities, equipment, or other assets to other organization(s)	1i		N
				1
j Le	ease of facilities, equipment, or other assets from other organization(s)	1j		N
k P	erformance of services or membership or fundraising solicitations for other organization(s)	1k		N
I Pe	erformance of services or membership or fundraising solicitations by other organization(s)	11		N
m Sh	haring of facilities, equipment, mailing lists, or other assets	1m		N
n SI	haring of paid employees	1n		N
				1
o R	eimbursement paid to other organization for expenses	10		N
p Re	eimbursement paid by other organization for expenses	1 p		N
				l
q 0	ther transfer of cash or property to other organization(s)	1q		N

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CVI GVF Holdings 13 Ltd	b	8,500	Capital contribution
(2) CVI GVF Holdings 13 Ltd	r	571,509	Dividend
(3) Charitable Lead Annuity Trusts (3)	r	52,500	Charitable lead trust distribution
(4)			
(5)			
(6)			

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) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or anaging partner?	
			Yes	No		Yes	No		Yes	N	
										+	
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010

Software ID: 10000077
Software Version: v1.00

EIN: 91-0564961

Name: THE UNIVERSITY OF PUGET SOUND

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion (that a	che)	_	1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Carl G Behnke Board Member	2 3	×						0	0	0		
Richard M Brooks '82 Board Chair	2 3	×		х				0	0	0		
William M Canfield '76 P'08 Board Member	2 3	Х						0	0	0		
Mıtzı W Carlettı '78 Board Member	2 3	Х						0	0	0		
Marvin H Caruthers P'02 Board Member	2 3	Х						0	0	0		
Mıchael J Corliss '82 P'13 Board Member	2 3	Х						0	0	0		
Hillis S Dillon '84 JD '88 Board Member	2 3	Х						0	0	0		
Kathleen A Duncan '82 Board Member	2 3	Х						0	0	0		
Randolph C Foster '74 Board Member	2 3	Х						0	0	0		
Frederick W Grimm '78 Board Member	2 3	Х						0	0	0		
Matthew M Kelleher '79 Board Member	2 3	Х						0	0	0		
Thomas E Leavitt '71 JD '75 P'10 Board Member	2 3	Х						0	0	0		
Gwendolyn H Lıllıs P'05 Board Member	2 3	Х						0	0	0		
Eric Lindgren Board Member	2 3	Х						0	0	0		
Janeen Solie McAninch '77 P'06 Board Member	2 3	X						0	0	0		
George E Matelich '78 Board Treasurer	2 3	Х		х				0	0	0		
William D McCormick P'97 Board Member	2 3	Х						0	0	0		
Kenneth C McGıll '61 Board Member	2 3	Х						0	0	0		
William C Nelson '69 Board Member	2 3	Х						0	0	0		
Jıll T Nıshı '89 Board Member	2 3	Х						0	0	0		
Deanna W Oppenheimer '80 P'11 P'14 Board Immediate Past Chair	2 3	Х		х				0	0	0		
Wade H Perrow '73 P'02 Board Member	2 3	Х						0	0	0		
John C Pierce '65 P'94 P'97 Board Member	2 3	Х						0	0	0		
Robert C Pohlad P'07 Board Vice Chair	2 3	Х		х				0	0	0		
Allan D Sapp '78 P'10 Board Member	2 3	Х						0	0	0		

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)				II		(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		
Robert T Shishido '72 P'09 Board Member	2 3	Х						0	0	0		
Gillian Neukom Toledo '94 Board Member	2 3	Х						0	0	0		
Barbara S Walker P'05 P'07 Board Member	2 3	Х						0	0	0		
Guy N Watanabe '75 MBA'76 Board Member	2 3	Х						0	0	0		
William T Weyerhaeuser Board Member	2 3	Х						0	0	0		
John A Whalley '64 Board Member	2 3	Х						0	0	0		
Kenneth W Willman '82 Board Member	2 3	Х						0	0	0		
Ronald R Thomas President & Trustee	40	Х		х				399,411	0	166,070		
Kristine M Bartanen Academic VP and Dean	40			х				200,038	0	37,348		
David R Beers VP for University Relations	40			х				216,983	0	88,176		
Mary Elizabeth Collins Executive Assistant	40			x				85,299	0	27,515		
Katherine W Davis AVP for Treasury	40			х				105,352	0	18,045		
Janet S Hallman Controller	40			х				105,804	0	23,921		
George H Mills Jr VP for Enrollment	40			х				174,140	0	26,117		
Sherry B Mondou VP for Finance and Admin	40			x				227,822	0	56,792		
J Mıchael Segawa Dean of Students	40			х				134,987	0	21,539		
Kathleen Hummel-Berry Professor	40					х		275,258	0	9,155		
John M Hickey AVP Business Servs	40					х		145,743	0	19,134		
William E Morse Jr AVP Technology Services/CTO	40					х		130,983	0	20,000		
John P Woodward Professor	40					х		124,669	0	59,781		
David A Droge Professor	40					x		123,135	0	0		