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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public

| | of applicable | lendar year, or tax year beginning 07- C Name of organization | 01-2011 and ending 06-3 | 30-2012 | | D Employer | identification number |
|--|--|--|--|--|---|--|---|
| Addres | | WHITWORTH UNIVERSITY | | | | 91-0473 | 3310 |
| Name | _ | Doing Business As | | | | E Telephone | e number |
| — Initial r | | Number and street (or P O box if mail is n | ot delivered to street address) | Poom/suite | | (509)77 | 7-3243 |
| — Termin | | 300 W HAWTHORNE ROAD | or delivered to street address) R | Coonty Suite | | G Gross rece | ipts \$ 115,741,393 |
| — Amend | ed return | City or town, state or country, and ZIP + 4 | L | | | | |
| — Applica | tion pending | SPOKANE, WA 99251 | | | | | |
| | | F Name and address of principal | officer | - I | l(a) Is th | ■ is a group ref | turn for |
| | | BECK TAYLOR 300 W HAWTHORNE ROAD | | | affilia | ates? | ⊤Yes ▼ No |
| | | SPOKANE,WA 99251 | | + | l(b) Are a | ll affiliates inc | luded? |
| r Tax-ex | xempt status | ▼ 501(c)(3) | o.) | 7 | _ | | ıst (see ınstructions) |
| _ | <u>'</u> | W WHITWORTH EDU | 5 / 1317(d)(1) 61 / 32. | <u> </u> | I(c) Grou | up exemption | number F |
| | | | | <u> </u> | 1 V | | M Charles of larged decreased |
| K Form of | organization | Corporation Trust Association O | :her ► | | L Year of fo | mation 1890 | M State of legal domicile WA |
| Part | I Sum | mary | | | | | |
| Governance | HEART" AS ONE ENROLL YEARS, N | 890, WHITWORTH HAS HELD FAST THROUGH RIGOROUS INTELLECTU OF THE TOP REGIONAL COLLEGES MENT OF 2,887 STUDENTS AND OF WHITWORTH HAS ENJOYED RECOR IAL POSITION IN THE UNIVERSITY | IAL INQUIRY GUIDED BY AND UNIVERSITIES IN FERS 60 UNDERGRADUA D LEVELS OF STUDENT I | ' DEDICA THE WES TE AND (ENROLLM | TED CHR T, WHITW GRADUAT ENT AND | ISTIAN SCH ORTH UNIV E DEGREE P RETENTION | OLARS RECOGNIZED ERSITY HAS AN PROGRAMS IN RECENT |
| | 2 Check th | is box দ if the organization disconti | nued its operations or disp | osed of m | ore than 2 | 25% of its ne | t assets |
| Activities & | 3 Number | of voting members of the governing bo | dy (Part VI, line 1a) . | | | _ 3 | 34 |
| <u> </u> | 1 Number | of independent voting members of the | governing body (Part VI, li | ıne 1b) . | | . 4 | 33 |
| - - | | mber of individuals employed in calend | | 2a) . | | | 2,287 |
| | | mber of volunteers (estimate if necess elated business revenue from Part VI | | | | 7 | |
| ' | | lated business taxable income from Fo | , , ,, | • | | 7 | |
| | | | | | Pric | or Year | Current Year |
| | 3 Contril | butions and grants (Part VIII, line 1h | | [| | 10,038,114 | 14,276,395 |
| Beyenue 10 | | m service revenue (Part VIII, line 2g | | | 84,767,223 | · · · · | |
| | | ment income (Part VIII, column (A), | | - | | 3,677,498 | <u> </u> |
| 11 | | revenue (Part VIII, column (A), lines evenue—add lines 8 through 11 (mus | | · - | | -158,465 | -102,380 |
| | 12) . | <u> </u> | <u> </u> | | | 98,324,370 | |
| 13 | | and similar amounts paid (Part IX, co | | - | | 31,708,364 | |
| 14 | | ts paid to or for members (Part IX, col es, other compensation, employee ben | | | | (| 0 |
| 8 15 | 5-10) | | ents (Part IX, Column (A), | | | 37,434,926 | 38,930,295 |
| Expenses 16 | 5a Profes | sional fundraising fees (Part IX, colun | nn (A), line 11e) | · | | (| 0 |
| <u> </u> | | ndraising expenses (Part IX, column (D), line 2 | • | — ├ | | | |
| 17 | | expenses (Part IX, column (A), lines 1 | | - | | 24,624,322 | |
| 18 | | expenses Add lines 13–17 (must equ ue less expenses Subtract line 18 fro | | · - | | 93,767,612 | |
| | | | ···· | - | Beginnin | g of Current | End of Year |
| Fund Balances Fund Balances | . | The American Market Control of the C | | - | | ear | _ |
| 양면 20 작업 21 21 | | assets (Part X, line 16) | | _ | | 223,835,836 78,771,688 | |
| 포트 21 전투 22 | | sets or fund balances Subtract line 2 | | | | | |
| Part 1 | | ature Block | | | | | |
| Jnder pe knowledg knowledg Sign | enalties of pe ge and belief ge. | erjury, I declare that I have examined this f, it is true, correct, and complete. Declai | | | based on | | |
| Here | | N L BENZEL CFO or print name and title | | | | | |
| Paid Prepared | Preparer signature | LAWRENCE H MOHR CPA | Date | Chec self- emp | k ıf | (see instructi | xpayer identification number ions) |
| Prepare Use Onl | v If self-en | | EIN • 39-08 | EIN ▶ 39-0859910 | | | |
| | address, | and ZIP + 4 225 S 6TH ST STE 2300 | | | | Phone no | (612) 876-4500 |
| | 1 | MINNEAPOLIS, MN 55402 | | | | 1.1.01.0 P | ,, 1500 |

| Par | t III | | Program Serve | | lishments Jestion in this Part III | | |
|-----|---|---|--|---|---|--|--|
| 1 | Briefl | | janization's missio | | | | <u> </u> |
| | E 189 | o, whitworth h | HAS HELD FAST T | O ITS FOUND | ING MISSION OF PRO Y DEDICATED CHRIS | | N OF MIND AND HEART" |
| 2 | | e organization und | | · = | ervices during the year | which were not listed on | 「Yes ▼ No |
| | If "Ye | s," describe these | new services on S | chedule O | | | |
| 3 | | e organization cea | ase conducting, or | make sıgnıfıcar | nt changes in how it coi | nducts, any program | ┌ Yes ┌ No |
| | If "Ye | s," describe these | changes on Scheo | lule O | | | |
| 4 | expen | ses Section 501 | (c)(3) and 501(c)(| 4) organizations | s and section 4947(a)(| ee largest program servic 1) trusts are required to re h program service reporte | eport the amount of |
| 4a | UNDE GRAD HAS A UNDE PSYCI MILLIO BEEN UNIVE UNHE | RUCTION WHITWORT RGRADUATE 18 4 PE UATED WITHIN SIX YE COMPOSITION OF 82 RGRADUATE AND GRA HOLOGY IN FISCAL YE DIN LEED GOLD BUILDI IN THE TOP 10 OF U.S RSITY IN THE REVIEW ARD-OF PERFECT SCO | RCENT SIX-YEAR GRA EARS FRESHMAN-TO-S %/18% WHITE/NON-W NDUATE DEGREE PROG EAR 2011-12 WHITWO NG, AND THE EXPANSI S NEWS AND WORLD F V'S "2012 BEST COLLEC DRE FOR ITS PROGRAM | DUATION RATE (20 COPHOMORE RETEN WHITE, 60%/40% RAMS, THE MOST IN RTH STUDENTS SAN ON OF THE UNIVER REPORT'S ANNUAL GES REGION BY RI | 011-12) 80 3 PERCENT OF ITION RATE (2011-12) 83 3 FEMALE/MALE AND REPRESIPE OF THE NEW THE OPENING OF THE NEW SITY DINING FACILITIES 20 RANKINGS, THE PRINCETOIS GION" GUIDE IN 2012 THE UCATION AND WHITWORTH | ENTATION OF 23 COUNTRIES TI RY EDUCATION, BUSINESS MANA M ROBINSON CHEMISTRY AND D12 IS ALSO THE 13TH YEAR IN N REVIEW AGAIN DESIGNATED W WHITWORTH SCHOOL OF EDUC | SENTED ETHNIC ENROLLMENT ITS ENROLLED IN FALL 2004 IDERGRADUATE STUDENT BODY HE UNIVERSITY OFFERS 60 IGEMENT, ENGLISH, BIOLOGY AND IOLOGY ACADEMIC BUILDING, A \$31 A ROW THAT WHITWORTH HAS I/HITWORTH A "BEST IN THE WEST" I/ATION EARNED A NEARLY IN WORKPLACE" AMONG HIGHER- |
| 4b | (Code | 2 |) (Expenses \$ | 7,542,225 | including grants of \$ |) (Revenue \$ | 7,988,531) |
| | WHIT WHIT FOUR WHIT WHIT BY TH NATIO INTER SCHO DEBA | WORTH HAS A TWO-Y WORTH HAS NEARLY 4 WHITWORTH SENIOR WORTH WAS NAMED A WORTH HISTORY, A T E ASSOCIATION FOR I NAL ETHICS IN ADDI NATIONAL PUBLIC DE OLS THEIR WINS MAF IE EVENT ALSO IN 20 | EAR RESIDENCY REQUING STUDENT CLUBS, RASIS WERE AWARDED FUNTED PRODUCER OF FEAM OF WHITWORTH STRACTICAL AND PROFESTION, TWO STUDENTS BATE ASSOCIATION'S TRK THE FIRST TIME IN 12, ONE OF OUR ENGI | IREMENT THE UNITANGING FROM AMM LBRIGHT ENGLISH ULBRIGHT SCHOLA STUDENTS WON TH SSSIONAL ETHICS IN WHITWORTH'S OURNAMENT WHE WHITWORTH HIST NEERING PHYSICS | VERSITY OFFERS 11 HALLS IESTY INTERNATIONAL TO TO TEACHING ASSISTANTSHIP OF IRS IN 2011-12, FOR THE SI IE NATIONAL CHAMPIONSHII THIS IS THE THIRD TIME IN FORENSICS PROGRAM WON IN THEY BECAME CO-NATION ORY THAT STUDENTS HAVE MAJORS WON A PRESTIGION | HE HAWAIIAN CLUB RECENT ST GRANTS FOR THE 2011-12 ACAE ECOND TIME IN THREE YEARS I PAT THE NATIONAL INTERCOLLE FOUR YEARS WHITWORTH HAS I NATIONAL TITLES IN SPEECH A IAL CHAMPIONS OUT OF A FIELD TAKEN HOME INDIVIDUAL NATION | NT CLUBS AND ORGANIZATIONS UDENT HIGHLIGHTS A RECORD DEMIC YEAR IN ADDITION, N 2012, FOR THE FIRST TIME IN GIATE ETHICS BOWL, SPONSORED PLACED IN THE TOP FIVE IN THE ND DEBATE AT THE 2012 OF 94 DEBATERS FROM 28 DNAL TITLES IN A SPEECH OR DLARSHIP FOR 2012-13, HE WAS |
| | (Code | <u> </u> |) (Expenses \$ | 2,920,832 | ıncludıng grants of \$ |) (Revenue \$ | 3,067,998) |
| | AUXIL LIVE (AUXIL | IARY SERVICES WHIT DFF CAMPUS THE UNITARY SERVICES GENER | TWORTH UNIVERSITY F IVERSITY ALSO PROVID RATED GROSS REVENU | PROVIDES DINING S ES ACCESS TO PUI ES OF OVER \$12 0 | SERVICES TO OVER 1,200 R RCHASING BOOKS AND SUPI | ESIDENT STUDENTS AND TO THI PLIES AT ITS CAMPUS BOOKSTOI | MANY OTHER STUDENTS WHO |
| | (Code | <u> </u> |) (Expenses \$ | 1,140,816 | ıncluding grants of \$ |) (Revenue \$ | 1,288,405) |
| | Code | | , (Expenses \$ | 1,140,010 | including grants or \$ |) (Reveilue \$ | 1,200,403) |
| | Othe | r program service | s (Describe in Sc | hedule O) | | | |
| | | enses \$ | | cluding grants o | of\$ |) (Revenue \$ | 1,288,405) |
| | Tota | l program service | expenses ► \$ | 80.759.68 | 3 | | |

| art IV | Check | list of | Required | Schedules |
|--------|-------|---------|----------|-----------|
| | | | | |

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$ | 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i> | 11a | Yes | |
| b | 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 | Yes | |
| е | 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? <i>If</i> "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 | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV</i> | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV | 16 | | No |
| 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? <i>If</i> "Yes," complete Schedule G, Part I | 17 | | N o |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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 | | N o |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | N o |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | 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 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | N o |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | N o |
| 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 | | No |
| 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 owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | 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 | 35b | Yes | |
| 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 | | N o |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 990 | (2011) |

| Part V | Statements Regarding Other IRS Filings and Tax Compliance |
|--------|---|

| | Check if Schedule O contains a response to any question in this Part V | • | ٠١ | |
|------------|---|------------|-----|------|
| | | | Yes | No |
| .a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| | | | | |
| L | Enter the number of Forms W. 2C uncluded in line 15. Enter Out not applicable. | | | |
| D | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | ı |
| la | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this | | | |
| | return | | | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 1 |
| a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| la | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities | 4 a | Yes | |
| ь | account)? | -14 | res | |
| _ | If "Yes," enter the name of the foreign country ►CJ, CS See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| | | | | |
| ia L | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | Yes | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Νo |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 1 |
| | Sponsoring organizations maintaining donor advised funds. | 8 | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| 2 | year Section 501(c)(29) qualified popprofit health insurance issuers | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | | | |
| u | Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | 13a | | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the aggregate amount of reserves on hand | | | |
| 1 - | Did the erganization receive any nayments for indeer tanning convices during the tay year? | 44- | | NI - |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a 14b | | No |
| D | in res, has it lied a rothlized to report these payments it is, provide an explanation in Schedule U | 14b | | |

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 any question in this Part VI

| b Enter the number of voting members included in line 1a, above, who are independent independent independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee as a family relationship or a business relationship with any other officer, director, trustee, or key employee as a family relationship or a business relationship with any other officer, director, trustee, or key employee to a management company or order the direct supervision of officers, directors or trustees, or key employees to a management company or order the direct supervision of officers, directors or trustees, or key employees to a management company or order person? 3 No Did the organization make any significant changes to its governing documents since the por Form 990 was filed? 10 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No Did the organization have members or stockholders? 10 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 11 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 12 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 12 The governing body? 13 The governing body? 14 The governing body? 15 Esther any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 14 Did the organization have local chapters, branches, or affiliates? 15 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt p | Se | ction A. Governing Body and Management | | | | | | | | |
|--|-----|--|-----|----------|----|--|--|--|--|--|
| b Enter the number of voting members included in line 1a, above, who are independent in the property of the number of voting members included in line 1a, above, who are independent in the property of the pr | | | | Yes | No | | | | | |
| b Enter the number of voting members included in line 1a, above, who are independent in the property of the number of voting members included in line 1a, above, who are independent in the property of the pr | | | | | | | | | | |
| the Enter the number of voting members included in line 1a, above, who are independent 1. 33 2 | 1a | | | | | | | | | |
| supervision of officers, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct 4 Did the organization of affects, directors or trustees, or key employees to a management company or other person? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members of the governing body? 9 Did the organization have members of the governing body? 10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 11 The governing body? 12 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 13 The governing body? 14 Section 8 Policies (This Section B requests information about policies not required by the Internal Preservenue Code.) 15 Servenue Code. 16 Did the organization have written policies and procedures governing bady held to the progenization have local chapters, branches, or affiliates? 16 Did the organization have a written policies and procedures governing bady before filing the form? 17 Did the organization have a written policies and procedures governing bady before filing the form? 18 Did the organization have a written conflict of interest policy? If "No," go to line 13. 19 Did the organization have a written conflict of interest policy? If "No," go to line 13. 20 Did the organization have a written conflict of interest policy? If "No," go to line 13. 21 Did the organization have a written deciment retinion and destruction policy? 22 Did the organization have a written deciment retinion and destruction policy? 23 Did the organization have a written deciment retinion and destruction policy? 24 Did the organization have a | b | Enter the number of voting members included in line 1a, above, who are | | | | | | | | |
| supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Noted 19 Not | 2 | | 2 | | No | | | | | |
| field? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Did the organization development the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Did the organization action the year by the file governing body? 8 Did the organization action the year by the file governing body? 9 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 12 Did the organization have a written conflict of interest policy? If "No," go to line 13 12 Did the organization have a written whistle | 3 | | 3 | | No | | | | | |
| 6 Did the organization have members or stockholders? 70 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 100 Did the organization have local chapters, branches, or affiliates? 110 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 110 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 111 Did the organization have a written conflict of interest policy? If "No," go to line 13 112 Did the organization have a written conflict of interest policy? If "No," go to line 13 113 Ves 114 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 115 Did the organization have a written whistleblower policy? 116 Did the organization have a written document retention and destruction policy? 117 Ves," to line 15a or 15b, describe the process in Schedule O (see instructions) 118 Did the organization have a written document retention and destruction of the deliberati | 4 | | 4 | | No | | | | | |
| Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 | 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No | | | | | |
| more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Dit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? The governing body before filing the governing body the forming body before filing the form? The governing body the organization because their operations are consistent with the organization governing body before filing the form? The governing body the governing body before filing the form? The governing body the governing body before filing the form? The governing body the governing body before filing the form? The governing body the forming governing body before filing the form? The governing body the governing body before filing the form? The governing body the governing body before filing the form? The governing body for governing body before filing the governing body before filing the governing body before filing the governing body bef | 6 | Did the organization have members or stockholders? | 6 | | Νo | | | | | |
| or persons other than the governing body? 1 the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 1 The governing body? 1 If the organization's maling address? If "Yes," provide the names and addresses in Schedule O 1 Section B, Policies (This Section B requests information about policies not required by the International Provided the names and addresses in Schedule O 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 Did the organization have under their operations are consistent with the organization's exempt purposes? 12 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 13 Did the organization have a written conflict of interest policy? If "No," go to line 13 14 Did the organization have a written conflict of interest policy? If "No," go to line 13 15 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 15 Did the organization have a written whistleblower policy? 16 Did the organization have a written whistleblower policy? 17 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? 16 Did the organization's CEO, Executive Director, or top management official 17 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable fedderal tax law, and take steps to safeguard the organization in year tent | 7a | | 7a | | No | | | | | |
| year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves No 10a Did the organization have local chapters, branches, or affiliates? 10b United the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Yes 12b Were officers, directors or trustees, and key employees required to disclose annually interest that could give rise to conflicts? 12b Yes 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the organization have a written whistleblower policy? 16 Did the organization have a written of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15a Yes 15d Unite organization's CEO, Executive Director, or top management official 15a Yes 15d Unite organization in Joint venture arrangement with a taxable entity during the year? 15d Unite organization in Joint venture arrangeme | b | | 7b | | No | | | | | |
| Back Committee with authority to act on behalf of the governing body? Site Sit | 8 | | | | | | | | | |
| 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 | а | The governing body? | 8a | Yes | | | | | | |
| section B. Policies (This Section B requests information about policies not required by the International Revenue Code.) Formal Policies (This Section B requests information about policies not required by the International Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b International Privation (International Procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b International Privational Priv | b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | | | |
| No b If "Yes," did the organization have local chapters, branches, or affiliates? 10 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, purposes? 11 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12 If the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 13 If the organization have a written conflict of interest policy? If "No," go to line 13 14 Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 15 If the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 16 If the organization have a written whistleblower policy? 17 If the organization have a written document retention and destruction policy? 18 If the organization have a written document retention and destruction of the deliberation and decision? 19 If the organization have a written document retention and destruction of the deliberation and decision? 19 If we organization have a written document retention and destruction of the deliberation and decision? 20 If the organization have a written document retention and destruction of the deliberation and decision? 21 If we organization have a written document retention and destruction of the deliberation and decision? 22 If we | 9 | | | | | | | | | |
| No No No No No No No No | | | | | | | | | | |
| 10a Indite organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12b Yes 13 Yes 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Other officers or key employees of the organization 15a Yes 15b Yes 15b Yes 15b Yes 16a No 16a No 16a No | Re | venue Code.) | | V | N. | | | | | |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12b Describe in Schedule O the process, if any, used by the organization to review the Form 990 | 102 | Did the organization have local chapters, branches, or affiliates? | 102 | res | | | | | | |
| affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | | |
| the form? b Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | affiliates, and branches to ensure their operations are consistent with the organization's exempt | 10b | | | | | | | |
| Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 11a | | 11a | Yes | | | | | | |
| b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | | | | | | |
| rise to conflicts? | 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | | | |
| In Schedule O how this was done | b | | 12b | Yes | | | | | | |
| Did the organization have a written document retention and destruction policy? | C | | | 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? a The organization's CEO, Executive Director, or top management official | 13 | Did the organization have a written whistleblower policy? | 13 | Yes | | | | | | |
| Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | | | | | | |
| b Other officers or key employees of the organization | 15 | | | | | | | | | |
| 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? | | | 15a | Yes | | | | | | |
| Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | b | | 15b | Yes | | | | | | |
| taxable entity during the year? | | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | | |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16a | | | | | | | | | |
| organization's exempt status with respect to such arrangements? | b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | | | | |
| Section C. Disclosure | | | 16b | | | | | | | |
| | Se | ection C. Disclosure | | | | | | | | |

- List the States with which a copy of this Form 990 is required to be filed▶CA , 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 made these available Check all that apply
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 LUZ MERKEL

300 W HAWTHORNE ROAD SPOKANE, WA 99251

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the or | ganization nor any re | lated o | rgan | ızatı | ons | compe | ensat | ted any current or fo | rmer officer, direc | tor, or trustee |
|----------------------------------|--|--|-----------------------|----------|--------------|------------------------------|--------|--|--|--|
| (A) Name and Title | (B) A verage hours per week (describe | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | hours for related organizations in Schedule O) | Individual trustae or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | MISC) | related organizations |
| See Additional Data Table | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) Name and Title | (describe director/trustee) | | | | | | | Rep comp fro organiz | Reportable Repo ompensation from the ganization (W- /1099-MISC) (W- 2/ | | m related janizations | | ated of other sation the ion and |
|----------|---|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|----------|-------------------------------|--|-------------------------|--------------------------|-------------------|--|
| | | for related organizations in Schedule O) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | Miscy | | relat organıza | |
| See A | ddıtıonal Data Table | | | | | | - | | | | | + | | |
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| 1b | Sub-Total | | | | • | • | | * | | | | | | |
| | Total from continuation sheets Total (add lines 1b and 1c) . | | | | • | • | | - | | 1,384,073 | | 0 | | 323,178 |
| <u>u</u> | Total number of individuals (incl | | | | | | |) who | o receive | | an | | | 323,173 |
| | \$100,000 of reportable compen | | | | | | | , | | | | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any fori | | | | | | | | | | | | | |
| | on line 1a? If "Yes," complete Sch | nedule J for such | ındıvıd | ual . | | • | • | • | | | | 3 | Yes | |
| 4 | For any individual listed on line 3 organization and related organization | | | | | | | | | | | | | |
| | individual | • • • • | | • | • | • | | • | | • • • | | 4 | Yes | |
| 5 | Did any person listed on line 1a | | | | | | | | _ | | or individual for | | | |
| | services rendered to the organiz | ation? <i>If "Yes," (</i> | complet | e Sch | edul | e J f | or suci | h per | son . | | • | 5 | | No |
| Se | ection B. Independent Con | tractors | | | | | | | | | | | | |
| 1 | Complete this table for your five \$100,000 of compensation from or within the organization's tax y | the organizatio | | | | | | | | | | | | |
| | | (A) ne and business add | drace | | | | | | | Docc | (B) ription of services | | (C Comper | |
| | ER CONSTRUCTION CO | ic and business add | u1C33 | | | | | | | | • | | | |
| SPOK | 0X 3901 ANE, WA 99220 | | | | | | | | | CONSTRUCT | ION | | 3 | 3,248,697 |
| PO BO | EN CONSTRUCTION CO DX 3507 | | | | | | | | | CONSTRUCT | TION | | 1 | ,395,402 |
| | ANE, WA 99220 E ARCHITECTURAL | | | | | | | | | | | | | |
| 221 V | MAIN ANE, WA 99201 | | | | | | | | | ARCHITECTS | 5 | | | 400,198 |
| EDWA | RDS LALONE TRAVEL | | | | | | | | | TRAVEL AGE | NCY | | | 391,046 |
| SPOK | ANE, WA 99204 | | | | | | | | | . IV.VEL AGE | | | | 371,040 |
| 1920 | ROYALL & COMPANY 1920 E PARHAM RD RICHMOND, VA 23228 MAILING LIST SERVICES 316,953 | | | | | | | | | | 316,953 | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 48$

| Form 9 | | | | | | | | Page 9 |
|---|--------------|----------------------------------|--|-----------------------|----------------------|--|---|--|
| Part \ | <u>/1111</u> | Statement o | of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513, or 514 |
| \$ \$ | 1a | Federated camp | paigns 1a | | | | | |
| 듄 | b | Membership du | es 1b | | | | | |
| s, g | c | Fundraising eve | ents 1 c | 82,049 | | | | |
| <u>#</u> = | d | Related organiz | zations 1d | 413,936 | | | | |
| Ψ.E | e | Government grants | s (contributions) 1e | 4,020,972 | | | | |
| Contributions, gifts, grants and other similar amounts | f | All other contribution | ons, gifts, grants, and 1f | 9,759,438 | ĺ | | | |
| 音 | g | Noncash contri | butions included in | | | | | |
| 달 | ١. | lines 1a-1f \$ | ,834,495 | | 14 276 205 | | | |
| ें ल | h | lotal. Add lines | s 1 a - 1 f | | 14,276,395 | | | |
| e≡ | | TUTTON AND FEE | | Business Code | | | | |
| ven | 2a | TUITION AND FEES | | 611710 | 75,501,241 | 75,501,241 | | |
| Program Service Revenue | b c | SALES AND SERVICE | | 611710 | 11,099,222 | 11,099,222 | | |
| | d | SALES AND SERVICE | | 611710 | 1,245,712 | 1,245,712 | | |
| | e | | | | | | | |
| ran | f | All other progra | am service revenue | | | | | |
| ွို | - | | | | | | | |
| | g | | s 2a – 2f | | 87,846,175 | | | |
| | 3 | | ome (including dividen ar amounts) | _ | 2,296,598 | | 5,011 | 2,291,587 |
| | 4 | | stment of tax-exempt bond | ⊢ | 183,903 | | -, | 183,903 |
| | 5 | | | ▶ | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | 449,241 | | | | | |
| | b | Less rental expenses | 457,044 | | | | | |
| | С | Rental income or (loss) | -7,803 | | | | | |
| | d | Net rental inco | me or (loss) | | -7,803 | | -7,803 | |
| | | | (ı) Securities | (II) Other | | | | |
| | 7a | Gross amount from sales of | 9,651,330 | | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less cost or other basis and | 8,208,764 | | | | | |
| | c | sales expenses Gaın or (loss) | 1,442,566 | | | | | |
| | d | Net gaın or (los | s) | ▶ | 1,442,566 | | | 1,442,566 |
| ə | 8a | Gross income fi | | | | | | |
| Other Revenue | | Ψ | reported on line 1c) | | | | | |
| <u>-</u> | . | | a | 72,774 | | | | |
| 듔 | b c | | penses b (loss) from fundraising | 64,545 events ► | 8,229 | | | 8,229 |
| - | 9a | | rom gaming activities le 19 | | | | | · · |
| | b c | | a penses b (loss) from gaming acti | vities - • | | | | |
| | | Gross sales of returns and allo | inventory, less owances . | | | | | |
| | ь | less costof= | a oods sold b | 964,977 | | | | |
| | C | | oods sold b (loss) from sales of inv | 1,067,783 entory ► | -102,806 | | | -102,806 |
| | | Miscellaneous | | Business Code | | | | |
| | 11a | | | | 1 | | | |
| | ь | | | | | | | |
| | С | | | | | | | |
| | d | All other revenu | ue | | | | | |
| | е | Total. Add lines | s 11a-11d | 🛌 | | | | |
| | 12 | Total revenue | See Instructions . | · L | + | | | |
| | J | i ota i revellue. | Sec instructions : | <u> </u> | 105,943,257 | 87,846,175 | -2,792 | 3,823,479 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

| Do no | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-------|--|-----------------------|------------------------------|-------------------------------------|-----------------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 32,774,245 | 32,774,245 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 559,780 | 152,131 | 255,196 | 152,453 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 28,417,248 | 21,312,936 | 6,251,795 | 852,517 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,966,624 | 1,297,972 | 570,321 | 98,331 |
| 9 | Other employee benefits | 5,953,797 | 4,415,860 | 1,331,692 | 206,245 |
| 10 | Payroll taxes | 2,032,846 | 914,781 | 1,016,423 | 101,642 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 33,022 | 13,209 | 18,162 | 1,651 |
| С | Accounting | 98,889 | | 98,889 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 426,846 | | 387,580 | 39,266 |
| g | Other | 1,382,865 | 802,062 | 511,660 | 69,143 |
| 12 | Advertising and promotion | 517,880 | 388,410 | | 129,470 |
| 13 | Office expenses | 2,903,638 | 1,742,183 | 1,016,273 | 145,182 |
| 14 | Information technology | 1,756,722 | 966,197 | 527,017 | 263,508 |
| 15 | Royalties | 1,733 | 1,733 | | |
| 16 | Occupancy | 2,415,565 | 1,715,051 | 603,891 | 96,623 |
| 17 | Travel | 1,647,882 | 741,547 | 576,759 | 329,576 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,421,531 | 781,842 | 355,383 | 284,306 |
| 20 | Interest | 3,062,985 | 3,062,985 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 6,331,116 | 5,064,893 | 1,139,601 | 126,622 |
| 23 | Insurance | 385,264 | 288,948 | 88,611 | 7,705 |
| 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 | BOARD EXPENSES | 2,920,832 | 2,920,832 | | |
| b | FED GRANTS ADMIN EXP | 798,476 | 798,476 | | |
| c | EQUIPMENT & REPAIRS | 399,947 | 239,968 | 119,984 | 39,995 |
| d | SUBSCRIPTIONS & PUBS | 332,071 | 149,432 | 83,018 | 99,621 |
| e | | | | | |
| f | All other expenses | 309,962 | 213,990 | 71,979 | 23,993 |
| 25 | Total functional expenses. Add lines 1 through 24f | 98,851,766 | 80,759,683 | 15,024,234 | 3,067,849 |
| 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 | | | | rm 990 (2011) |

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 4.831.140 2 2.436.271 Savings and temporary cash investments 3 4,019,662 5,373,914 2.044.828 1.508.787 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 4,333,069 7 4,196,979 540,300 8 539,493 500,639 9 663,061 9 Prepaid expenses and deferred charges 162,367,872 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 57,856,866 b Less accumulated depreciation 100,027,163 **10c** 104,511,006 41,749,111 11 56,881,571 11 40,240,742 30,637,662 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 27,781,629 15 38,051,565 15 223,835,836 247,032,756 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 8,483,349 17 9,351,542 17 Accounts payable and accrued expenses . 18 3.591.234 18 3,582,619 19 1,283,021 19 1,755,045 20 62.220.942 20 81.286.583 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 3,193,142 3,470,491 25 D 26 78,771,688 26 99,446,280 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 52,525,067 27 27 55,840,338 Unrestricted net assets 30,844,965 28 26,758,523 28 Temporarily restricted net assets Fund 29 61,694,116 29 64,987,615 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 145.064.148 33 147,586,476 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 223.835.836 34 247.032.756

| -(- | 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) | | | 105 | .42.25 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 943,257 351,766 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 7,0 | 91,491 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 145,0 | 064,148 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | -4,5 | 569,163 |
| 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 | | 147,5 | 86,476 |
| Par | TEXTI Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | • | F | |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot . | | 2a | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| C | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both | sued | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | : | За | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equired | 3b | Yes | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493073005023

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization WHITWORTH UNIVERSITY

Department of the Treasury Internal Revenue Service

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.

Employer identification number

| Pa | rt I | Reas | on for Pu | ıblic Charity Sta | tus (All ord | nanizations | must comi | plete this p | art.) See in | | S | |
|-----------------------------------|----------|--|---|--|-----------------------|-----------------------------------|-----------------------|--------------|--------------------------------|-------------|-----------------------------------|---------|
| | | | | te foundation becaus | | | | | | | | |
| 1 | Г | A chur | ch, convent | ion of churches, or a | ssociation of | fchurches s | section 170(b |)(1)(A)(i). | | | | |
| 2 | ~ | A scho | ol describe | d in section 170(b)(1 | L)(A)(ii). (At | tach Schedu | ule E) | | | | | |
| 3 | Г | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 4 | Γ | A medi | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entroposital's name, city, and state | | | | Enter the | | | | | |
| 5 | Γ | = | An organization operated for the benefit of a college or university owned or operated by a governmental unit desection 170(b)(1)(A)(iv). (Complete Part II) | | | | | | al unit des | cribed in | | |
| 6 | Г | | | local government o | | tal unit desc | rıbed ın secti | ion 170(b)(1 | L)(A)(v). | | | |
| 7 | Γ | An orga describ | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) | | | | | | | | | |
| 8 | Γ | A com | nunity trust | : described in sectio i | n 170(b)(1)(| A)(vi) (Con | nplete Part II | I) | | | | |
| 9 | Γ | | | at normally receives | | | | | butions, mem | bership fee | es, and gro | ss |
| | | _ | | rities related to its e | | | | | • | • | - | |
| | | | | oss investment inco | | | | | | | | |
| | | | | ganızatıon after June | | | | | | • | | |
| 10 | Г | | | ganized and operate | | | | | | | | |
| 11 | Ė | | | ganized and operate | | | | | | o carry out | the purpo | ses of |
| | | the box | | ly supported organiz ibes the type of supp b Type I | orting organ | ization and d | | s 11e throu | gh 11h | _ | 509(a)(3) . be III - Ot | |
| e | Γ | other t | _ | ox, I certify that the ion managers and ot | _ | | • | | • | • | • | |
| f g | | check | this box | received a written d 2006, has the organ | | | | | | III support | ing organi | zation, |
| | | | ng persons? | | | | | | | | | |
| | | | | rectly or indirectly o | | | _ | persons des | cribed in (ii) | | Yes | No |
| | | | • | governing body of th | | _ | ation? | | | | g(i) | |
| | | | | er of a person descri | | | | | | | g(ii) | |
| | | | | lled entity of a perso | | | | | | 110 | J(iii) | |
| h | | Provide | the follow | ng information about | the supporte | ed organızat | ion(s) | | | | | |
| (i) Name suppor organiza | | e of rted | n or IRC section document? support? | | ion in 'your | (vi) Is the organizat col (i) org | e ion in anized | A mo | vii) unt of port? | | | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Tota | I | | | | | | | | | | | |

instructions

| Sch | edule A (Form 990 or 99 | 90-EZ)2011 | | | | | | Page 2 |
|--------|---|------------------|-------------------------|---------------------|------------------------|---|---------------------|--------------------|
| | (Complet | e only if you | checked the | box on line 5, | 7, or 8 of Part | (b)(1)(A)(iv) I or if the orgar | nızatıon faıle | d to qualify |
| | | | <u>organızatıon f</u> | fails to qualify ι | <u>under the tests</u> | listed below, pl | <u>lease comple</u> | ete Part III.) |
| | ection A. Public Su | | | 1 | | Т | 1 | |
| Cal | endar year (or fiscal ye in) | ar beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contribut | ions, and | | | | | | |
| | membership fees recei | | | | | | | |
| | ınclude any "unusual | | | | | | | |
| _ | grants ") Tax revenues levied fo | rtho | | | | | | |
| 2 | organization's benefit a | | | | | | | |
| | paid to or expended on | | | | | | | |
| | behalf | | | | | | | |
| 3 | The value of services of | | | | | | | |
| | furnished by a governme the organization withou | | | | | | | |
| 4 | Total. Add lines 1 thro | _ | | | | | | |
| 5 | The portion of total cor | - | | | | | | |
| - | by each person (other | than a | | | | | | |
| | governmental unit or p | • | | | | | | |
| | supported organization line 1 that exceeds 2% | | | | | | | |
| | amount shown on line 1 | | | | | | | |
| | (f) | 21,0014 | | | | | | |
| 6 | Public Support. Subtractine 4 | ct line 5 from | | | | | | |
| S | ection B. Total Sup | port | | | | | | |
| Cal | endar year (or fiscal yea | r beginning | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| _ | ın) | _ | (4) 2007 | (2) 2000 | (4) 2005 | (4) 2020 | (0) 2022 | (1) 1 3 4 4 |
| 7 8 | A mounts from line 4 Gross income from inte | rost – | | | | | | |
| 0 | dividends, payments re | | | | | | | |
| | securities loans, rents | | | | | | | |
| | and income from simila | ır | | | | | | |
| _ | sources | | | | | | | |
| 9 | Net income from unrela business activities, wh | | | | | | | |
| | not the business is reg | | | | | | | |
| | carried on | | | | | | | |
| 10 | Other income (Explain | | | | | | | |
| | IV) Do not include gai from the sale of capital | | | | | | | |
| 11 | Total support (Add line | | | | | | | |
| | through 10) | | | | | | | |
| 12 | Gross receipts from re | lated activities | s, etc (See inst | ructions) | | | 12 | |
| 13 | First Five Years If the | | r the organizati | on's first, second | l, thırd, fourth, or | fıfth tax year as a | 501(c)(3) or | |
| | check this box and sto | p here | | | | | | ▶ □ |
| S | ection C. Computat | ion of Publ | ic Support F | Percentage | | | | |
| 14 | Public Support Percen | tage for 2011 | (line 6 column | (f) dıvıded by lıne | 11 column (f)) | | 14 | |
| 15 | Public Support Percen | tage for 2010 | Schedule A , Pa | rt II, line 14 | | | 15 | |
| 16a | 33 1/3% support test- | | | | | line 14 is 33 1/3% | % or more, che | |
| h | and stop here. The org 33 1/3% support test | | | | | 6a and line 15 is | 33 1/20% or m | ore check this |
| D | box and stop here. The | | | | | oa, and inte 15 IS | 1/3%0 UI M | ore, check this |
| 17a | 10%-facts-and-circum | - | • | | - | ne 13, 16a, or 16 | b and line 14 | ٠, |
| | ıs 10% or more, and ıf | | | | | | | |
| | in Part IV how the orga | anızatıon meet | s the "facts and | d circumstances" | test The organiz | zatıon qualıfıes as | a publicly su | |
| b | organization 10%-facts-and-circum | stances test— | 2010. If the ora | anization did not | check a hov on li | ne 13, 16a 16b | or 17a and lin | ▶ |
| , | 15 is 10% or more, an | | | | | | | - |
| | Explain in Part IV how | the organizati | | | | | | |
| 10 | supported organization Private Foundation If t | | n did not chools | a hov on line 12 | 16a 16h 17a a | or 17h chack this | hov and coc | ► □ |

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (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 persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 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 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 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 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

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

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

| Part IV | Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions). | | | | | | |
|---------|--|--|--|--|--|--|--|
| | | | | | | | |
| | Facts And Circumstances Test | | | | | | |
| | | | | | | | |
| | Explanation | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493073005023

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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 fth | ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-A organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 3 ection 501(c)(4), (5), or (6) organizations Complete Part III | art II-B Do | not co | omplete Part | II-A |
|------------|--|----------------------|-------------|--------------|------|
| Νa | ame of the organization HITWORTH UNIVERSITY | ployer id -047331 | | ation numbe | er |
| Pai | rt I-A Complete if the organization is exempt under section 501(c) or is a sec | | - | ganizatio | n. |
| 1 | Provide a description of the organization's direct and indirect political campaign activities on behalf in opposition to candidates for public office in Part IV | ofor | | | |
| 2 | Political expenditures | ► | \$ _ | | |
| 3 | Volunteer hours | | _ | | |
| Pai | rt I-B Complete if the organization is exempt under section 501(c)(3). | | | | |
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | - | \$ <u>_</u> | | |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | F | \$ _ | | |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | | | ┌ Yes | ┌ No |
| 4a | Was a correction made? | | | ☐ Yes | ┌ No |
| b | If "Yes," describe in Part IV | | | | |
| Pai | rt I-C Complete if the organization is exempt under section 501(c) except se | ction 5 | 01(c) | (3). | |
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activ | ties 🕨 | \$_ | | |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities | , - | \$ <u>_</u> | | |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17th | > | \$ | | |
| 4 | Did the filing organization file Form 1120-POL for this year? | | · — | ┌ Yes | ┌ No |

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) Address | (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 - |
|----------|--------------------|----------------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Grassroots lobbying expenditures

| (The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) | ווטפ | edule C (F | 01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1 | | | | | Page ∠ |
|--|------|--------------|--|---------------------------|-----------------------|------------------|---|------------------|
| A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) | Pa | rt II-A | | n is exempt under | section 501(| c)(3) and fi | iled Form 5768 | (election |
| expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0 | ١ | Check | | an affiliated group (and | lıst ın Part IV ea | ch affiliated gr | oup member's nam | e, address, EIN, |
| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. So of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. So of the excess over \$1,000,000 Fig. So of the excess over \$1,000 | | | expenses, and share of excess lob | bying expenditures) | | _ | • | |
| Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Diver \$500,000 Diver \$500,000 Diver \$500,000 but not over \$1,000,000 Diver \$1,000,000 but not over \$1,000,0 | 3 | Check | ıf the filing organization checked bo | ox A and "limited contro | ol" provisions app | ly | 1 | 1 |
| (The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S11,000,000 F11,000,000 | | | Limits on Lobbying | Expenditures | | | (a) Filing | (b) Affiliated |
| Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 The lobbying nontaxable amount is: Not over \$500,000 Over \$1,000,000 Over \$1,000,00 | | | | | l.) | | Organization's Totals | Group Totals |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,7000,000 Over \$1,000,000 but not over \$1,7000,000 S225,000 plus 15% of the excess over \$1,000,000 Over \$1,7000,000 Over \$1,7000,000 F17,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$1,7000,000 F17,000,000 S1,000,000 F17,000,000 F17,000, | | - | | | 1 \ | | 100013 | 1 ocars |
| c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 In the excess over \$1,000,000 F1,000,000 F1,000,0 | | | | · - | | | | |
| d O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000 | | | | | ying) | | | |
| Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: | | | , | b) | | | | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 but not over \$1,7000,000 Over \$17,000,000 but not over \$17,000,000 S225,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 Over \$17,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$17,000,000 Over \$17,000,000 S1,000,000 S1,000,0 | d | Otherexe | empt purpose expenditures | | | | | |
| Columns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$500,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 Over \$1,500,000 S1,000,000 | e | Total exe | mpt purpose expenditures (add lines 1 | .c and 1d) | | | | |
| Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,7000,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 S1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- Subtract line 1f from line 1c If zero or less, enter -0- If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount | f | | nontaxable amount Enter the amount | from the following table | in both | | | |
| 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 \$1,000,000 \$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 \$1,000,00 | | If the an | ount on line 1e, column (a) or (b) is: | The lobbying nontax | able amount is: | | | |
| Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | Not over \$5 | 500,000 | 20% of the amount on lii | ne 1e | | | |
| 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 \$1,00 | | Over \$500, | 000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,0 | 000 | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount | | Over \$1,00 | 0,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000 | ,000 | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | Over \$1,50 | 0,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500, | 000 | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | Over \$17,0 | 00,000 | \$1,000,000 | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | Grassroo | ts nontaxable amount (enter 25% of li | ne 1f) | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | h | Subtract | line 1a from line 1a If zero or less. en | ter -0 - | | | | |
| Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount | | | | | | | | |
| 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | | | | organization file | Form 4720 re | portina | |
| (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount | | | | | | | F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | ┌ Yes ┌ No |
| Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount | | (Sor | ne organizations that made a | section 501(h) el | ection do not | have to co | | ne five |
| beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount | | | Lobbying Exp | enditures During | 4-Year Avera | ging Period | d | |
| b Lobbying ceiling amount | | | | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
| | 2a | Lobbyin | g non-taxable amount | | | | | |
| | b | | | | | | | |
| c Total lobbying expenditures | c | Total loi | obying expenditures | | | | | |
| | | | | | | | | |
| d Grassroots non-taxable amount | d | Grassro | ots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | e | | | | | | | |

| 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 | Amount |
| 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? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Νo | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | Νo | |
| е | Publications, or published or broadcast statements? | | Νo | |
| f | Grants to other organizations for lobbying purposes? | Yes | | 4,400 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | Νo | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? If "Yes," describe in Part IV | | No | |
| j | Total lines 1c through 1i | | | 4,400 |
| 2a | Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | l | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section | 501(c |)(5), o | r 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". Dues, assessments and similar amounts from members 1

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

Part IV Supplemental Information

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

| Identifier | Return Reference | Explanation | | | | |
|------------------------------------|------------------|--|--|--|--|--|
| EXPLANATION OF LOBBYING ACTIVITIES | | THE UNIVERSITY BELONGS TO THE INDEPENDENT COLLEGES AND UNIVERSITIES OF WASHINGTON AND THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES AND AS SUCH PARTICIPATES IN THE LOBBYING ACTIVITIES OF SUCH ORGANIZATIONS ICW INDICATED THE ESTIMATED AMOUNT OF THE UNIVERSITY FEES DEDICATED TO LOBBYING IN FY 2012 ABOUT \$4,000 NAICU INDICATED THE ESTIMATED AMOUNT OF THE UNIVERSITY FEES DEDICATED TO LOBBYING IN FY 2012 WAS ALMOST \$400 | | | | |

DLN: 93493073005023

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

| WH | ITWORTH UNIVERSITY | | |
|--------|---|--|---|
| | | | 91-0473310 |
| Pa | organizations Maintaining Donor A organization answered "Yes" to Form 99 | | unds or Accounts. Complete if the |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| L | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| ŀ | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor adv funds are the organization's property, subject to the | | or advised Yes No |
| 5 | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit | | |
| Pa | rt III Conservation Easements. Complete | if the organization answered "Yes" t | o Form 990, Part IV, line 7. |
| L 2 | Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual | on or pleasure) Preservation of an Preservation of a G | certified historic structure |
| - | easement on the last day of the tax year | med conservation contribution in the form | Tota conservation |
| | | | Held at the End of the Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | 3 | 2b |
| c | Number of conservation easements on a certified his | storic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) a | cquired after 8/17/06 | 2d |
| 3 | Number of conservation easements modified, transfer the taxable year ▶ | erred, released, extinguished, or terminate | ed by the organization during |
| ŀ | Number of states where property subject to conserv | ation easement is located ► | |
| 5 | Does the organization have a written policy regarding enforcement of the conservation easements it holds | | dling of violations, and Yes No |
| 5 | Staff and volunteer hours devoted to monitoring, insp | pecting and enforcing conservation easem | nents during the year 🗠 |
| , | A mount of expenses incurred in monitoring, inspecti | | - · · · · · · · · · · · · · · · · · · · |
| 3 | Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | 2(d) above satisfy the requirements of sec | tion Yes No |
|) | In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer | the footnote to the organization's financial | |
| aı | Complete if the organization answered | | or Other Similar Assets. |
| la | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir | 5 116, not to report in its revenue stateme I for public exhibition, education or researc | ch in furtherance of public service, |
| b | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | public exhibition, education, or research i | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ |
| 2 | If the organization received or held works of art, hist following amounts required to be reported under SFA | | • |
| а | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| | ··· , · , · · · | | |

b Assets included in Form 990, Part X

| Par | Organizations Maintaining Colle | ections of Art, H | ISTO | ric | <u>ai ireas</u> | ures, or Ot | :ne | r Similar Ass | ets (co | intinued) |
|------------|--|---------------------------|-----------------|-------|------------------------------|--|----------|------------------------------|-------------------|-----------|
| 3 | Using the organization's accession and other ritems (check all that apply) | ecords, check any of | the f | follo | wing that a | ire a significa | nt u | se of its collecti | on | |
| а | Public exhibition | d | Γ | _ | Loan or exc | change progra | ams | | | |
| ь | Scholarly research | e | Γ | _ | Other | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's colle Part XIV | ections and explain h | ow th | hey | further the | organization' | s ex | empt purpose in | | |
| 5 | During the year, did the organization solicit or assets to be sold to raise funds rather than to | | | | | | | | Yes | ┌ No |
| Par | Escrow and Custodial Arranger Part IV, line 9, or reported an amo | ments. Complete | ıf th | ео | rganızatıc | | | es" to Form 99 | 90, | |
| 1a | Is the organization an agent, trustee, custodia included on Form 990, Part X? | n or other intermedia | ry fo | rco | ntrıbutıons | or other asse | ets i | not F | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XIV a | and complete the follo | owing | g tal | ble | Г | | A me | ount | |
| c | Beginning balance | | | | | | 1c | A | June | |
| d | Additions during the year | | | | | | 1d | | | |
| e | Distributions during the year | | | | | <u> </u> | 1e | | | |
| f | Ending balance | | | | | <u> </u> | 16 1f | | | |
| 2a | Did the organization include an amount on Forr | n 990 Part X line 21 | 1 ? | | | | | Г | Yes | ┌ No |
| | If "Yes," explain the arrangement in Part XIV | ii 550, i dit A, iiile 21 | • | | | | | ' | 163 | , 140 |
| | rt V Endowment Funds. Complete if | the organization a | ารพศ | erec | d "Yes" to | Form 990. | Par | t IV, line 10. | | |
| | | | (b) Pri | | | Two Years Back | | Three Years Back | (e) Four \ | ears Back |
| 1 a | Beginning of year balance | 99,247,149 | | 80,0 | 53,250 | 73,923,116 | 5 | 93,721,329 | | |
| b | Contributions | 4,484,148 | | | 13,412 | 3,080,981 | + | 2,167,243 | | |
| С | Investment earnings or losses | -2,284,488 | | | 82,616 | 5,362,563 | + | -19,531,262 | | |
| d | Grants or scholarships | 2,576,741 | | 2,3 | 02,129 | 2,313,410 | 1 | 2,434,194 | | |
| e | Other expenditures for facilities and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 98,870,068 | | 99,2 | 47,149 | 80,053,250 | 9 | 73,923,116 | | |
| 2 | Provide the estimated percentage of the year e | | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 1 | 0 600 % | | | | | | | | |
| b | Permanent endowment ► 64 690 % | | | | | | | | | |
| С | Term endowment ► 24 710 % | | | | | | | | | |
| 3a | Are there endowment funds not in the possess | ion of the organizatio | n tha | at ar | e held and | admınıstered | for | the | 14 | |
| | organization by (i) unrelated organizations | | | | | | | 3a(i | Yes Yes | No |
| | (ii) related organizations | | • | • | | | • | 3a(ii | | No |
| b | If "Yes" to 3a(II), are the related organizations | | | | | | • | 3b | | İ |
| 4 | Describe in Part XIV the intended uses of the | organization's endow | ment | fun | ds | | | | | |
| Par | t VI Land, Buildings, and Equipmen | t. See Form 990, I | Part | Χ, | lıne 10. | | | | | |
| | Description of property | | | | ost or other (investment) | (b) Cost or oth basis (other) | | (c) Accumulated depreciation | (d) Bo | ok value |
| 1a | Land | | | | | 5,596, | 315 | | | 5,596,315 |
| b | Buildings | | | | | 121,705, | 067 | 40,332,371 | 8 | 1,372,696 |
| c | Leasehold improvements | | | | | | | | | |
| d I | Equipment | | | | | 16,123, | 580 | 9,116,996 | | 7,006,584 |
| e | Other | <u> </u> | | | | 18,942, | 910 | 8,407,499 | 1 | 0,535,411 |
| Tota | I. Add lines 1a-1e (Column (d) should equal Form | n 990, Part X, column (| B), II | ne 1 | !0(c).) . | | | | 10 | 4,511,006 |

| Part VII Investments—Other Securities. See F | orm 990, Part X, line 12 | | |
|--|--------------------------|---|--|
| (a) Description of security or category (including name of security) | (b) Book value | | od of valuation f-year market value |
| (1)Financial derivatives | | | |
| (2)Closely-held equity interests | | | |
| (3)Other (A) EQUITY INDEX FUND | 6,848,877 | | F_ |
| (B) COMMODITIES | 2,485,307 | | F |
| (C) REAL ESTATE INVESTMENT | 6,942,612 | | F_ |
| (D) NOTES REC COLL/REAL ESTATE | 58,000 | | F |
| (E) SINGLE PREMIUM LIFE INS POLICY | 136,487 | | F |
| (F) LIMITED PARTNERSHIPS | 3,487,248 | | F |
| (G) PRIVATE EQUITY FUNDS | 4,386,642 | | F |
| (H) HEDGE FUNDS | 6,199,145 | | F |
| (I) OTHER INVESTMENTS | 93,344 | | F |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | 30,637,662 | | |
| Part VIII Investments—Program Related. See | · | | od of valuation |
| (a) Description of investment type | (b) Book value | | f-year market value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, line | e 15. | • | |
| (a) Descript | | | (b) Book value |
| (1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS (2) DEFERRED DEBT ACQUISITION COSTS |) | | 18,337,346 769,993 |
| (3) DEPOSITS HELD BY TRUSTEE | | | 18,944,226 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15 | | | 38,051,565 |
| Part X Other Liabilities. See Form 990, Part X, (a) Description of Liability | | | |
| Federal Income Taxes | (b) A mount | | |
| STUDENT DEPOSITS | 1,447,008 | | |
| ASSET RETIREMENT OBLIGATION | 866,385 | | |
| INTEREST RATE EXCHANGE LIABILITY | 1,157,098 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 3,470,491 | | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
|------|--|-------|--------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | |
| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue p | er Re | turn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 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 | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | per F | Return |
| 1 | Total expenses and losses per audited financial statements | 1 1 | |
| 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 | 1 1 | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) | 1 | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | |
| Par | t XIV Supplemental Information | | |

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

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

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | , | THE ENDOWMENT FUNDS ARE MAINLY USED TO PROVIDE SCHOLARSHIP SUPPORT TO STUDENTS SO THAT THEY CAN ATTEND THE UNIVERSITY SOME OF THE FUNDS ARE ALSO USED TO PROVIDE FUNDING SUPPORT FOR RESEARCH AND DEPARTMENTAL ACTIVITIES |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | | THE UNIVERSITY FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED NO LIABILITY HAS BEEN RECOGNIZED BY THE UNIVERSITY FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2012 AND 2011 THE UNIVERSITY'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES THE TAX RETURNS FOR THE CURRENT YEAR AS WELL AS FISCAL YEARS 2009 THROUGH 2011 ARE OPEN TO EXAMINATION BY FEDERAL AUTHORITIES |

Additional Data

Software ID: Software Version:

EIN: 91-0473310

Name: WHITWORTH UNIVERSITY

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

| (a) Description of security or cateory (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value | | |
|---|---------------|--|--|--|
| EQUITY INDEX FUND | 6,848,877 | <u>F</u> | | |
| COMMODITIES | 2,485,307 | F | | |
| REAL ESTATE INVESTMENT | 6,942,612 | F | | |
| NOTES REC COLL/REAL ESTATE | 58,000 | F | | |
| SINGLE PREMIUM LIFE INS POLICY | 136,487 | F | | |
| LIMITED PARTNERSHIPS | 3,487,248 | F | | |
| PRIVATE EQUITY FUNDS | 4,386,642 | F | | |
| HEDGE FUNDS | 6,199,145 | F | | |
| OTHER INVESTMENTS | 93,344 | F | | |

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As Filed Data -

DLN: 93493073005023

OMB No 1545-0047

2011

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.

Open to Public Inspection

Name of the organization **Employer identification number** WHITWORTH UNIVERSITY 91-0473310 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? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 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 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 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? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? No_ 5g 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? 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

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 |
|---|-------------------------------|---|
| EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION | SCHEDULE E, PART I, LINE 3 | THE NON-DISCRIMINATION POLICY IS PUBLISHED IN ALL STUDENT BROCHURES AND WEBSITES THE POLICY IS ALSO PUBLISHED IN THE LOCAL NEWSPAPER AT LEAST ONCE DURING THE FISCAL YEAR |
| EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE | SCHEDULE E, PART I, LINE 6 | WHITWORTH UNIVERSITY PARTICIPATES IN THE FEDERAL FINANCIAL AID PROGRAM AND AS SUCH, MANAGES FEDERAL AND STATE AID THAT IS ALLOCATED TO THE STUDENTS |

Schedule E (Form 990 or 990-EZ) 2011

DLN: 93493073005023

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

| Name of the | organızatıon |
|-------------|---------------------|
| WHITWORT | H UNIVERSITY |

Employer identification number

91-0473310

| Pa | rt I General Informatio "Yes" to Form 990, Pa | | | the United States. C | omplete if the organiza | ation answered |
|----|---|--|--|--|--|--|
| 1 | For grantmakers. Does the assistance, the grantees' eli | organızatıon ı gıbılıty for the | maıntaın recor grants or ass | istance, and the select | non criteria used to awa | |
| 2 | For grantmakers. Describe in Pa United States | art V the organı | zatıon's procedı | ures for monitoring the us | e of grant funds outside th | e |
| 3 | Activites per Region (Use Part | V ıf addıtıonal : | space is needed |) | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region or independent contractors | (d) Activities conducted in region (by type) (e g , rfundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region/investments in region |
| | CENTRAL AMERICA AND THE CARIBBEAN | 1 | 2 | PROGRAM SERVICES - CAPITAL CONTRIBUTIONS TO WHITWORTH COSTA RICA LIMITADA | ACADEMIC INSTRUCTION | 481,503 |
| | CENTRAL AMERICA AND THE CARIBBEAN | 1 | 0 | CAPITAL CONTRIBUTIONS FOR PLANT INVESTMENT | ACADEMIC INSTRUCTION | 6,900 |
| | CENTRAL AMERICA AND THE CARIBBEAN | 1 | 0 | INVESTMENT | | 2,407,951 |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | Sub-total Total from continuation sheets | 3 | | | | 2,896,354 |
| c | to Part I Totals (add lines 3a and 3b) | 3 | 2 | | | 2,896,354 |

| Pai | Part IV, | line 15, for any | sistance to Organ recipient who recesspace is needed. | nizations or Entiti erved more than \$5, | es Outside the Ur ,000. Check this box | nited States. Comp x if no one recipient | plete if the organiza received more thai | tion answered "Yes' n \$5,000 | ' to Form 990, ▶ 厂 |
|-----|----------------------------------|---|--|--|--|--|---|--|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
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| 2 | Enter total nur tax-exempt by | mber of recipie y the IRS, or fo | ent organizations lis or which the grante | ted above that are e or counsel has pro | recognized as chari ovided a section 50 | ties by the foreign of 1(c)(3) equivalency | country, recognized letter | as . • | |
| 3 | Enter total nur | mber of other o | organizations or en | tities | | | | | (Form 990) 2011 |

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.

| (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) |
|---------------------------------|--|---|--------------------------------------|------------------------------------|---|--|---|
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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> | 굣 | 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) | ⊽ | 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) | ত | Yes | Г | No |
| 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) | F | 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). | Г | Yes | ল | Νo |

Schedule F (Form 990) 2011

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

| Identifier | Return Reference | Explanation |
|------------|---------------------|---|
| | | SCHEDULE F, PART IV, LINE 4 THE UNIVERSITY INVESTS IN PARTNERSHIPS THAT HOLD DIRECT OR INDIRECT INTERESTS IN PASSIVE FOREIGN INVESTMENT COMPANIES THE INVESTMENT PARTNERSHIPS HAVE PROPERLY FILED FORM 8621 UNDER THESE FACTS, IT IS NOT NECESSARY FOR THE UNIVERSITY TO FILE AN ADDITIONAL 8621 SCHEDULE F, PART IV, LINE 5 THE UNIVERSITY INVESTS IN PARTNERSHIPS THAT HOLD DIRECT OR INDIRECT INTERESTS IN FOREIGN PARTNERSHIPS HOWEVER, THE UNIVERSITY DOES NOT MEET THE FILING REQUIREMENTS OF FORM 8865 AS A RESULT |

Schedule F (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493073005023

OMB No 1545-0047

Open to Public Inspection

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Name of the organization **Employer identification number** WHITWORTH UNIVERSITY 91-0473310 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations f ☐ Solicitation of government grants Internet and e-mail solicitations Phone solicitations g | Special fundraising events ☐ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

| Pai | rt II | Fundraising Events. Com more than \$15,000 on Form | | | | | | | |
|-----------------|-------|--|----------------------------|---|-------------------------|--|--|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col (a) through | | | |
| | | | PIRATE NIGHT | GOLF TOURNEY SPOKANE | (total number) | col (c)) | | | |
| Reveilue | | | (event type) | (event type) | (total number) | | | | |
| | 1 | Gross receipts | 96,381 | 39,065 | 19,377 | 154,823 | | | |
| | 2 | Less Charitable contributions | 61,944 | 17,525 | 2,580 | 82,049 | | | |
| | 3 | Gross income (line 1 minus line 2) | 34,437 | 21,540 | 16,797 | 72,774 | | | |
| မှာ | 4 | Cash prizes | | | | | | | |
| | 5 | Non-cash prizes | | | | | | | |
| Expenses | 6 | Rent/facility costs | 3,245 | | 10,754 | 34,209 | | | |
| | 7 | Food and beverages | 5,060 | | | 5,060 | | | |
| Drea | 8 | Entertainment | 0.744 | 0.602 | 7.040 | 25.276 | | | |
| _ | 9 | Other direct expenses . | 8,744 | · · · · · · · · · · · · · · · · · · · | 7,840 | 25,276 | | | |
| | 10 | Direct expense summary Add lin | _ | | | (64,545) | | | |
| | 11 | Net income summary Combine lii | | | <u> </u> | 8,229 | | | |
| 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 | rted more than | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) | | | |
| | 1 | Gross revenue | | | | | | | |
| မှ | 2 | Cash prizes | | | | | | | |
| ben | 3 | Non-cash prizes | | | | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | | | | |
| 百 | 5 | Other direct expenses | | | | | | | |
| | 6 | Volunteer labor | Г Yes Г No | Г Yes Г No | ┌ Yes ┌ No | | | | |
| | 7 | 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | | | | |
| | 8 | Net gaming income summary Com | bine lines 1 and 7 in colu | ımn (d) | 🛌 | | | | |
| 9 | Ente | er the state(s) in which the organiza | tion operates gaming ac | tivities | | | | | |
| a b | | s the organization licensed to operate gaming activities in each of these states? | | | | | | | |
| | | | | | | | | | |
| 10a b | Wer | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | | | | | | | |
| | | | | | | | | | |

| Sche | dule G (Form 990 or 990-EZ) 20 | 11 | | | Page 3 | | | | |
|---------|---|---|---------|--------------------|---------------|--|--|--|--|
| 11 | Does the organization operate ga | aming activities with nonmembers? . | | Г _{Yes} Г | - No | | | | |
| 12 | | | | | | | | | |
| | formed to administer charitable gaming? | | | | | | | | |
| 13 | Indicate the percentage of gamii | ag activity operated in | | 1 1 | | | | | |
| a | | | | 13a | | | | | |
| b | | | | | | | | | |
| 14 | | f the person who prepares the organiza | | <u> </u> | | | | | |
| | Name ► | | | | | | | | |
| | Address ► | | | | | | | | |
| | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | | | | | | | |
| | | ed by the third party 🟲 \$ | | | | | | | |
| С | If "Yes," enter name and address | S | | | | | | | |
| | Name 🟲 | | | | | | | | |
| | Address ► | | | | | | | | |
| 16 | Gaming manager information | | | | | | | | |
| | Name 🟲 | | | | | | | | |
| | Gaming manager compensation I | \$ \$ | | | | | | | |
| | Description of services provided 🟲 | | | | | | | | |
| 17 a | | Employee er state law to make charitable distribu | | · · · | – No | | | | |
| b | Enter the amount of distributions | o other exempt organizations or sp | | - | | | | | |
| _ | | activities during the tax year 🕨 \$ | | hadala C / | | | | | |
| Par | Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.) | | | | | | | | |
| | Identifier | ReturnReference | Explana | tion | | | | | |
| | | • | • | | | | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

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

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

Attach to Form 990

OMB No 1545-0047

2011

DLN: 93493073005023

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number WHITWORTH UNIVERSITY 91-0473310 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa | art 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) FINANCIAL AID FOR TUITION, ROOM AND BOARD EXPENSES | 2887 | 32,774,245 | 0 | воок | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | · | SCHEDULE I, PART I, LINE 2 STUDENTS MUST SUBMIT THEIR FAFSA FEDERAL FORM TO DOCUMENT THEIR NEED FOR FEDERAL FINANCIAL AID ONCE THE FINANCIAL AID IS AWARDED, THE GRANTS ARE TRANSMITTED TO THE STUDENTS' INSTITUTIONAL ACCOUNTS TO PAY FOR TUITION CHARGES, THERE IS ALSO A FOLLOW UP PROCESS DURING THE SEMESTER AND SCHOOL YEAR TO ENSURE ACADEMIC CREDITS COMPLETION AND SATISFACTORY ACADEMIC PROCESS BEFORE ADDITIONAL FINANCIAL AID IS AWARDED |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493073005023

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

| Name | of | the | orga | nizatio | on |
|-------|-----------------|-------|--------------|---------|----|
| WHITW | OR ⁻ | TH UI | NIVER | .SITY | |

Employer identification number

91-0473310

| Pa | art I Questions Regarding Compensation | 12 0 11 0 12 | | | |
|----|---|--|----|-----|----|
| | | | | Yes | No |
| 1a | Check the appropiate box(es) if the organization provided any of the 990, Part VII, Section A, line 1a Complete Part III to provide any r | | | | |
| | □ First-class or charter travel □ Housing | allowance or residence for personal use | | | |
| | □ Travel for companions □ Paymen | ts for business use of personal residence | | | |
| | □ Tax idemnification and gross-up payments □ Health or | r social club dues or initiation fees | | | |
| | ✓ Discretionary spending account ✓ Persona | l services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organization follow reimbursement orprovision of all the expenses described above? If " | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to reimbursing or all officers, directors, trustees, and the CEO/Executive Director, regard | | 2 | Yes | |
| 3 | Indicate which, if any, of the following the organization uses to estable organization's CEO/Executive Director Check all that apply | | | | |
| | | employment contract | | | |
| | · | sation survey or study | | | |
| | Form 990 of other organizations Approve | I by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section or a related organization | A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control payment? | | 4a | Yes | |
| b | Participate in, or receive payment from, a supplemental nonqualified | retirement plan? | 4b | | No |
| C | Participate in, or receive payment from, an equity-based compensati | on arrangement? | 4c | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applica | ble amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must complete lines | s 5-9. | | | |
| 5 | For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of | rganization pay or accrue any | | | |
| а | The organization? | | 5a | | No |
| b | Any related organization? | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of | rganization pay or accrue any | | | |
| а | The organization? | | 6a | | No |
| b | Any related organization? | | 6b | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Part I | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured p subject to the initial contract exception described in Regs section 5 | | | | |
| | ın Part III | | 8 | | No |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable pressection 53 $4958-6(c)$? | umption procedure described in Regulations | 9 | | |

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name | , | (B) Breakdown of | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | |
|---------------------------|-------------|--------------------------|---|--|--------------------------------|----------------|----------------------|---|
| | | (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) BECK TAYLOR | (I) (II) | 253,533 0 | 0 0 | 24,375 0 0 | 21,518 | 32,628 | 8 332,054 0 0 | ر |
| (2) BRIAN BENZEL | (I) (II) | 154,772 0 | 0 C | 0 1,188 0 0 | 12,514 | 5,651 0 | 1 174,125 0 0 |) |
| (3) MICHAEL LE ROY | (I) (II) | 151,475 0 | 0 0 | 0 180 0 0 | 12,667 | 21,573 | 3 185,895 0 0 |) |
| (4) SCOTT MCQUILKIN | (ı) (ıı) | 138,125 | 0 C | 0 1,266 0 0 | 10,962 | 70,419 | 9 220,772 0 0 | <u>ַ</u> |
| (5) ROBERT BEATTY | (I) (II) | 97,392 0 | 0 0 | 50,060 0 0 | 11,774 | 31,544 | 4 190,770 0 0 |) |
| (6) WILLIAM P ROBINSON | (I) (II) | 154,059 0 | 0 0 | 0 1,140 0 0 | 12,596 | 4,319 | 9 172,114 |) |
| | <u> </u> | | | <u>'</u> | | | - | |
| | + | | | | | | | |
| | | | | | | 1 | | |
| | <u> </u> | | | <u> </u> ' | | | - | |
| | + | | | ' | | | | |
| | | | | <u> </u> | | | | |
| | ' | <u> </u> | ' | <u> </u> | 1 | | | |
| | ' | <u> </u> | <u> </u> | <u> </u> | 1 | | | |

Schedule J (Form 990) 2011 Page **3**

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

| Identifier | Return Reference | Explanation |
|------------|---------------------|--|
| | · ' | THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S PRESIDENT ARE ADOPTED AND APPROVED BY AN EXECUTIVE COMPENSATION COMMITTEE WHICH IS A SUB-COMMITTEE OF THE BOARD OF TRUSTEES |

Schedule J (Form 990) 2011

Schedule K

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.

OMB No 1545-0047

DLN: 93493073005023

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization WHITWORTH UNIVERSITY

(Form 990)

Employer identification number 91-0473310

| Р | art I Bond Issues | | | | | | | | | | | | | |
|----|--|-----------------------|--------------------|-----------------|----------------|---------|-----------------|--------------|----------------|-------|-----|----------------------|--------|---------------|
| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Prid | ce | (f) Description | n of Purpose | (g) Def | eased | Beh | On alf of suer | | Pool ncing |
| | | | | | | | | | Yes | No | Yes | No | Yes | No |
| A | WASHINGTON HIGHER EDUCATION FACILITIES AUTHORITY | 91-1306482 | 939781G53 | 11-04-2009 | 63,581,8 | 358 CC | ONSTRUCTION | I | | X | | х | | X |
| В | WASHINGTON HIGHER EDUCATION FACILITIES AUTHORITY | 91-1306482 | 939781P20 | 03-01-2012 | 20,065,0 | 060 CC | ONSTRUCTION | ı | | Х | | х | | Х |
| Pa | rt III Proceeds | | | | | | | | | | | | | |
| _ | A | | | | Α. | | | В | | С | | | D | |
| 1 | A mount of bonds retired | | | | | 2,257,9 | 960 | 102,375 | | | | | | |
| | A mount of bonds defeased | | | | | | | | | | | | | |
| 3 | Total proceeds of issue | | | | + | 3,581,8 | | 20,065,060 | | | | | | |
| 4 | Gross proceeds in reserve fur | | | | 4 | 4,299,6 | 656 | 1,211,350 | | | | | | |
| _5 | Capitalized interest from proc | | | | | | | | | | | | | |
| 6 | Proceeds in refunding escrow | | | | 2: | 3,022,8 | 863 | | | | | | | |
| 7 | Issuance costs from proceed | s | | | : | 1,069,3 | 339 | 376,375 | | | | | | |
| 8 | Credit enhancement from pro- | ceeds | | | | | | | | | | | | |
| 9 | Working capital expenditures | from proceeds | | | | | | | | | | | | |
| 10 | Capital expenditures from pro | ceeds | | | 3! | 5,190,0 | 000 | 18,477,335 | | | | | | |
| 11 | Other spent proceeds | | | | | | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | | | | | | |
| 13 | Year of substantial completio | n | | | 201 | 1 | 2 (| 012 | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | | No | Yes | | No |
| 14 | Were the bonds issued as par | t of a current refund | ing issue? | | Х | _ | | Х | | | | | | |
| 15 | Were the bonds issued as par | t of an advance refu | ndıng ıssue? | | Х | | | X | | | | | | |
| 16 | Has the final allocation of pro | ceeds been made? | | | Х | | Х | | | | | | | |
| 17 | Does the organization mainta allocation of proceeds? | ın adequate books a | nd records to supp | port the final | Х | | Х | | | | | | | |
| Pa | rt IIII Private Business l | Jse | | | | | I | 1 | | | | 1 | | |
| | | | | | Ą | | | В | | С | | | D | |
| | | | | | Yes | No | Yes | No | Yes | | No | Yes | \bot | 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

Χ

Χ

| | auto IX (1 of III 330) 2011 | | | | | | | | i age 🚣 |
|-----|--|-----|-----|-----|-----|-----|----|-----|---------|
| Par | t IIII Private Business Use (Continued) | | | | | | | | |
| | | | Α | | В | | С | | D |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use? | Х | | Х | | | | | |
| b | If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | х | | х | | | | |
| С | Are there any research agreements that may result in private business use of bond-financed property? | | х | | х | | | | |
| d | If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | 0 % | | 0 % | | | | |

Χ

3 000 %

3 000 %

Χ

0 %

0 %

Part IV Arbitrage

Total of lines 4 and 5

5

7

| Par | telv Arbitrage | | | | | | | | |
|-----|--|-----|----|-----|----|-----|----|-----|----|
| | | Α | | 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? | | × | | × | | | | |
| | | | | | , | | | | |
| 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 | | | | |
| | Name of provider | | | | | | | | |
| С | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was a hedge terminated? | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | X | | Х | | | | |
| b | Name of provider | | | | | | | | |
| С | Term of GIC | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | х | | Х | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | Х | | Х | | | | |

Part V Procedures To Undertake Corrective Action

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

Has the organization adopted management practices and procedures to ensure the

501(c)(3) organization, or a state or local government

post-issuance compliance of its tax-exempt bond liabilities?

Part VI Supplemental Information

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

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493073005023

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2011

Open to Public Inspection

| Name of the organization WHITWORTH UNIVERSITY | | | | | | | E | mployer i | dent if ica | tion numb | er |
|---|-----------|----------|--------------------------|-------------|---|-----------|-----------------|---------------|-------------|------------|--------|
| | | | | | | | | 1-04733 | | | |
| Part I Excess Benefit Train Complete if the organizat | | | | | | | | | | ine 40h | |
| 1 (a) Name of disq | | | 163 01110111 | 1 2 2 0 , 1 | (b) Desc | | | | r arc v , r | | (c) |
| | | | | | . , | • | | | | Yes | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Enter the amount of tax impos section 4958 | | | | | | | | ear unde/ | r - # | | |
| 3 Enter the amount of tax, if any | | | | | | | | | · | | |
| 5 Enter the amount of tax, if any | , on iini | e 2, abo | ve, reimburse | ed by th | e organization . | | | | ` | | |
| Part II Loans to and/or I | From | Intere | sted Perso | ons. | | | | | | | |
| Complete if the organiz | zation a | nswere | d "Yes" on Fo | rm 990 | , Part IV, line 26 | , or Fori | m 990-E | | | a | |
| | (b) ∟ | oan to | | | | (e) | In | (f) Approv | | (g)Writi | -on |
| (a) Name of interested person and | 1 | om the | (c) 0 rigi | | (d)Balance due | defau | | by boar | | agreeme | |
| purpose | organ | ızatıon? | principal ar | mount | (4,2 4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4, | | _ | commit | | | |
| | То | From | | | | Yes | No | Yes | No | Yes | No |
| | 1 | | | | | | | | | | ļ |
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| | 1 | | | | | | | | | | |
| | | | <u> </u> | | | | + | + | + | | |
| | | | | | | | + | - | | | - |
| | | | L | ▶ \$ | | | <u> </u> | + | | | |
| otal | | | | | Dorsons | l . | | | | | |
| Complete if the orga | nizatio | on ansv | ng Intere vered "Yes" | on Fo | rm 990 Part IV | / line 2 | 27 | | | | |
| | | | | | een interested per | | | | | | |
| (a) Name of interested pers | on | ` | | | ganızatıon | | (c) A m | nount of g | rant or ty | pe of assi | stance |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | - 1 | | | | | |

| 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, Iir | ie 28a, 28b, or 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 ration's nues? |
| (1) AVISTA UTILITIES | JASON THACKSTON (TRUSTEE) IS AN OFFICER OF AVISTA UTILITIES | 1,200,000 | UTILITY EXPENSE | | No |
| (2) LAWTON PRINTING COMPANY INC | RAY LAWTON (FORMER TRUSTEE) IS AN OFFICER OF LAWTON PRINTING COMPANY | 137,980 | PRINTING EXPENSE | | No |
| | | | | | |
| | | | | | |
| | | | | | <u> </u> |
| | | | | | |

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) 2011

DLN: 93493073005023

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization

Employer identification number WHITWORTH UNIVERSITY 91-0473310

Part I Types of Property (a) (b) (c) (d) Method of determining Check Number of Contributions Contribution amounts or items contributed reported on contribution amounts ıf Form 990, Part VIII, line applicable 1g 1 Art—Works of art . . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household Cars and other vehicles Boats and planes 8 Intellectual property . . . 1,772,470 MARKET 9 Securities—Publicly traded . 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests **12** Securities—Miscellaneous . 13 Oualified 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 . . Archeological artifacts . . TRAVEL Other►(VOUCHERS) Х 43,633 FMV Х 6 18,391 FMV Other►(<u>OTHER</u> 26 27 Other ▶(___ **28** Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions 29 1 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Νo **b** If "Yes," describe in Part II 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Part II

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

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS | | THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B) |

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493073005023

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2011

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization WHITWORTH UNIVERSITY

Employer identification number

91-0473310

| ldentifier | Return Reference | Explanation |
|---|---|--|
| | FORM 990, PART VI, SECTION B, LINE 11 | THE BOARD OF TRUSTEES HAS DELEGATED THE REVIEW RESPONSIBILITY TO ITS AUDIT COMMITTEE. ONCE THE REVIEW IS COMPLETED THE 990 IS PLACED IN A SECURE WEBSITE FOR THE BOARD'S INSPECTION AND REVIEW BEFORE FILING THE 990 |
| | FORM 990, PART VI, SECTION B, LINE 12C | STAFF AND FACULTY AT THE BEGINNING OF THE YEAR, WE TIE THE COMPLETION OF THE CONFLICT OF INTEREST DISCLOSURE FORM TO BEING ABLE TO AUTHORIZE OR REQUEST ANY PAYMENT FOR THE UNIVERSITY THIS IS TRACKED IN A DATABASE TRUSTEES THE SECRETARY OF THE BOARD ENSURES THAT EVERY TRUSTEE COMPLETES THE DISCLOSURE FORM EVERY FALL MEETING IF ANYONE'S FORM IS MISSING, SHE OR HER ASSISTANT FOLLOW UP UNTIL THE FORM IS COMPLETED THEN, THE AUDIT COMMITTEE REVIEWS THOSE FORMS WITH DISCLOSED CONFLICT DURING THE FALL MEETING FOR THE STAFF AND FACULTY AND DURING THE SPRING FOR TRUSTEES |
| | FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION FOR KEY OFFICERS REPORTING TO THE PRESIDENT WAS REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES IN APRIL 2011, THIS PROCESS INVOLVED AN INDEPENDENT ANALYSIS BY AN OUTSIDE CONSULTANT WHO COMPARED COMPENSATION FOR THESE INDIVIDUALS AGAINST PEER INSTITUTIONS THESE KEY EMPLOYEES INCLUDE THE EXECUTIVE VICE PRESIDENT FOR ACADEMIC AFFAIRS, THE VICE PRESIDENT FOR INSTITUTIONAL ADVANCEMENT, THE VICE PRESIDENT FOR STUDENT LIFE, THE VICE PRESIDENT FOR ADMISSIONS AND FINANCIAL AID, AND THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION COMPENSATION FOR THE PRESIDENT WAS REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES IN APRIL 2011, THIS PROCESS INVOLVED AN INDEPENDENT ANALYSIS BY AN OUTSIDE CONSULTANT WHO COMPARED COMPENSATION FOR THIS INDIVIDUAL AGAINST PEER INSTITUTIONS |
| | FORM 990, PART VI, SECTION C, LINE 19 | GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENTS ARE AVAILABLE UPON REQUEST FINANCIAL STATEMENTS ARE AVAILABLE AT THE UNIVERSITY'S WEBSITE |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -4,569,163 |
| | FORM 990, PART XII, LINE 2C | NEITHER THE OVERSIGHT PROCESS OF THE AUDIT OR THE SELECTION PROCESS OF THE INDEPENDENT ACCOUNTANT CHANGED DURING THE CURRENT YEAR |

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(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493073005023

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WHITWORTH UNIVERSITY 91-0473310 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (a) (b) (c) (d) (f) (e) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one

| or more related tax-exempt organizations during the tax year.) | | | | | | | | | | | | | |
|---|--------------------------------------|---|----------------------------|--|--|----------|---|--|--|--|--|--|--|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | cont | g) 12(b)(13) rolled ization | | | | | | |
| | | | | | | Yes | No | | | | | | |
| (1) THE WHITWORTH FOUNDATION | | | | | | | | | | | | | |
| 300 W HAWTHORNE RD | FUNDRAISING SUPPORT FOR WHITWORTH | WA | 501(C)(3) | 11B | WHITWORTH UNIVERSITY | Yes | | | | | | | |
| SPOKANE, WA 99251 23-7232067 | UNIVERSITY | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| For Privacy Act and Paperwork Reduction Act Notice, see the Instruc | tions for Form 990. | Cat No 5 | 0135Y | | Schedule R (F | orm 990) | 2011 | | | | | | |

| Part III | Identification of Related Organizations Taxable as a Partnership (Complete If the organization answered "Yes" on Form 990, Part IV, | line 34 |
|----------|---|---------|
| | because it had one or more related organizations treated as a partnership during the tax year.) | |

| (b) Primary activity | (c) Legal domicile (state or foreign country) | , i | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total Income | (g) Share of end-of- year assets | (h Disprop allocat | rtionate | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j Gener mana parti | ral or iging | (k) Percentage ownership |
|--------------------------------|---|-----|--|--|---|--------------------------|----------|---|------------------------------|-----------------|---------------------------------------|
| | | | | | | | | | | | |
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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 | | | (g) Share of end-of-year assets | (h) Percentage ownership |
|--|--------------------------------|--|--|---|----------|---|---------------------------------------|
| | EDUCATIONAL INSTITUTION | | WHITWORTH UNIVERSITY | С | -195,493 | 3,163,739 | 100 000 % |
| (2) CHARITY REMAINDER UNITRUSTS (25) | CHARITABLE TRUST | WA | N/A | Т | | | |
| (3) CHARITY REMAINDER ANNUITY TRUSTS (2) | CHARITABLE TRUST | WA | N/A | Т | | | |
| (4) LIFE ANNUITY TRUSTS (16) | CHARITABLE TRUST | WA | N/A | Т | | | |
| | | | | | | | |
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| | | | | | | _ | |

| chedule R (Form 990) 2011 | | Pag | ge 3 |
|--|------------|--------|------|
| Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.) | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III or IV | | Yes | No |
| 1 During 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 Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | .a | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | b | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | lc | Yes | |
| d Loans or loan guarantees to or for related organization(s) | .d | | No |
| e Loans or loan guarantees by related organization(s) | .e | | No |
| f Sale of assets to related organization(s) | L f | | No |
| g Purchase of assets from related organization(s) | .g | | N |
| h Exchange of assets with related organization(s) | .h | | No |
| i Lease of facilities, equipment, or other assets to related organization(s) | Li | \Box | No |
| j Lease of facilities, equipment, or other assets from related organization(s) | Lj | | No |
| k Performance of services or membership or fundraising solicitations for related organization(s) | .k | Yes | |
| I Performance of services or membership or fundraising solicitations by related organization(s) | LI | Yes | |
| m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | m | Yes | |
| n Sharing of paid employees with related organization(s) | n | Yes | |
| o Reimbursement paid to related organization(s) for expenses | .0 | Yes | |
| | р | Yes | |
| q Other transfer of cash or property to related organization(s) | q | Yes | |
| | | Yes | |

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) THE WHITWORTH FOUNDATION | С | 413,936 | FMV |
| (2) WHITWORTH COSTA RICA LIMITADA | В | 488,403 | FMV |
| (3) | | | |
| (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) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | org | (e) Are all partners section 501(c)(3) janizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | j) eral or aging ener? | (k) Percentage ownership |
|---|--------------------------------|---|---|-----|---|--|---|----------------------------------|----|---|---------------------|--|---------------------------------------|
| | | | , | Yes | No | | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

TY 2011 Itemized Other Current Assets Schedule

Name: WHITWORTH UNIVERSITY

EIN: 91-0473310

| Corporation Name | Corporation EIN | Other Current Assets Description | Beginning Amount | Ending Amount |
|----------------------------------|-----------------|----------------------------------|---------------------|---------------|
| WHITWORTH COSTA RICA LIMITADA | | PREPAID ASSETS | 454 | 396 |
| | | ADVANCES | 625 | 2,179 |

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TY 2011 Other Deductions Schedule

Name: WHITWORTH UNIVERSITY

EIN: 91-0473310

| Description | Foreign Amount (should only be used when attached to 5471 Schedule C Line 16) | Amount |
|----------------------------|---|---------|
| GENERAL AND ADMINISTRATIVE | 254,642,399 | 509,285 |

Additional Data

Software ID: Software Version:

CTA:

EIN: 91-0473310

Name: WHITWORTH UNIVERSITY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| 4d. Other program | services | | | |
|-------------------|----------------|----------------------------------|---------------|-------------|
| (Code |) (Expenses \$ | 1,140,816 including grants of \$ |) (Revenue \$ | 1,288,405) |

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 | | that a | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | week | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | | |
| BECK TAYLOR PRESIDENT | 40 00 | х | | х | | | | 277,908 | 0 | 54,146 |
| REV DR PETER B BARNES TRUSTEE | 1 00 | × | | | | | | 0 | 0 | 0 |
| JAMES S BENNETT JR TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| CHARLES L BOPPELL TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| SCOTT C CHANDLER TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| DEBRA K COZZETTO TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| LINDA CUNNINGHAM TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| DR PAUL CUNNINGHAM TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| WILLIAM P CURRY TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| CLARK DONNELL TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| REV DR SCOTT DUDLEY TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| CURTIS ESTES TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| WILLIAM C FIX TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| REV KATHY GOODRICH TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| GARY J HOPKINS TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |
| MICHAEL KEENAN TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| BRIAN KIRKPATRICK TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| ANDREA LAIRSON TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| JAMES MUNYON TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| DAVID G MYERS TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| WALTER M OLIVER TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| REV GAYLE PARKER TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| MARK POE TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| JENNIFER RATCLIFFE TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| JOHN DAVID ROBBLEE TRUSTEE | 1 00 | х | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average | (C) Position (check all | | | | | | (D) Reportable | (E) Reportable | (F) Estimated |
|--|----------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|----------|----------------------------------|---------------------------------|---|
| | hours per | | that a | apply | | ⊚ エ | <u> </u> | compensation from the | from related - organizations | amount of other compensation from the organization and related organizations |
| | week | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | | |
| KENNETH M ROBERTS TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| JUDI SHUPPER TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| REV DR JAMES M SINGLETON TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| JAN MORROW SKAGGS TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| REV JOHN SOWERS TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| STUART STILES TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| ANNE STORM TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| ARTHUR SYMONS TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| JASON THACKSTON TRUSTEE | 1 00 | Х | | | | | | 0 | 0 | 0 |
| BRIAN BENZEL VP OF FINANCE AND ADMINIST | 40 00 | | | х | | | | 155,960 | 0 | 18,165 |
| MICHAEL LE ROY VP FOR ACADEMIC AFFAIRS | 40 00 | | | | х | | | 151,655 | 0 | 34,240 |
| KATHY STORM VP FOR STUDENT LIFE | 40 00 | | | | | Х | | 128,791 | 0 | 15,017 |
| SCOTT MCQUILKIN VP FOR INSTITUTIONAL ADVAN | 40 00 | | | | | x | | 139,391 | 0 | 81,381 |
| LUZ MERKEL ASSOCIATE VP FOR FINANCE AND ADMINISTRATION | 40 00 | | | | | х | | 100,228 | 0 | 44,442 |
| ROBERT BEATTY DEAN OF THE SCHOOL OF GLOBAL COMMERCE & MANAGEMENT | 40 00 | | | | | х | | 147,452 | 0 | 43,318 |
| HANS BYNAGLE DIRECTOR OF THE LIBRARY | 40 00 | | | | | х | | 127,489 | 0 | 15,554 |
| WILLIAM P ROBINSON FORMER PRESIDENT | 40 00 | | | | | | х | 155,199 | 0 | 16,915 |