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DLN: 93493065003084

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 **2012**

Open to Public Inspection

		. LULL Cu.	endar year, or tax year beginnir	ng 07-01-2012 ,2012, and end	ing 06-30)-2013			
B Ch	eck if	applicable	C Name of organization LINFIELD COLLEGE				D Emplo	yer iden	tification number
☐ Ad	dress c	change	Doing Business As				_ 93-03	391586	
Na	me ch	nange	boiling business As						
Ini	tial reti	turn		mail is not delivered to street address)	Room/suit	te	E Telepho	one numb	per
	rmınat		900 SE Baker Street unit A512				(503)	883-2	698
		d return	City or town, state or country, and McMinnville, OR 97128	ZIP + 4			(===,		
Г Ар	plicatio	on pending	,				G Gross r	eceipts \$	81,349,247
			F Name and address of pri Mary Ann Rodriguez	incipal officer			his a group	return	for ┌ Yes ៧ No
			900 SE Baker St Unit A454	!		атп	ıates?		j Yesj♥ No
			McMinnville, OR 97128						ded?
T Ta	ax-exe	empt status	▼ 501(c)(3)	(insert no) 4947(a)(1) or 5.	27	If"	No," attach	ı a lıst ((see instructions)
		te: ► linf		(, , ,, (, (,)		H(c) Gro	oup exempt	ion num	nber ►
K For	m of o	organization	Corporation Trust Association	on Cother ▶		L Year of	formation 18	358 M :	State of legal domicile OR
	rt I		mary						otate of logal dollings of
Activities & Governance		Linfield of science broad lib advance practica spiritual	College is an independent, comp programs, and distinctive interr eral arts core and an atmosphe s a vision of learning, life, and c I knowledge, engages thoughtfu principles	ion or most significant activities prehensive institution, nationally nationally national emphasis. Linfield has a re in which there is genuine concommunity that promotes intelled alongue in a climate of mutual	recogni challengern for i ctual cha respect	ging and ex ndividuals allenge and and inspire	citing acad and their pr creativity, s the coura	emic pr rogress values ge to liv	ogram that features a Linfield College both theoretical and ve by moral and
26	2	Check tl	nis box দ if the organization d	iscontinued its operations or dis	posed o	f more than	25% of its	net ass	sets
ij	3	Number	of voting members of the govern	ning body (Part VI, line 1a) .			_	3	34
X				of the governing body (Part VI,				4	33
ď				calendar year 2012 (Part V, lin				5	2,307
	6	Total nu	mber of volunteers (estimate if	necessary)				6	150
				Part VIII, column (C), line 12				7a	0
	Ь	Net unre	lated business taxable income	from Form 990-T, line 34				7b	0
						l Pr	ior Year		Current Year
		Contro	butions and grants (Dart VIII I	una 1 h)			4 500 1	E 0 6	
를	8			line 1h)			4,500,5 55,288.0		4,860,222
venue	9	Progra	am service revenue (Part VIII, I	line 2g)			55,288,	614	4,860,222 54,874,695
Revenue		Progra Inves	im service revenue (Part VIII, l tment income (Part VIII, colum		· ·			614 770	4,860,222 54,874,695 5,054,397 1,562,286
Revenue	9 10	Progra Inves Other Total	am service revenue (Part VIII, l tment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 1:	line 2g)	 1e) (A), line		55,288,0 2,723,7 1,317,0	614 770 088	4,860,222 54,874,695 5,054,397 1,562,286
Revenue	9 10 11 12	Progra Inves Other Total 12) .	om service revenue (Part VIII, l tment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 1:	line 2g)	 1e) (A), line		55,288,0 2,723,3	614 770 088	4,860,222 54,874,695 5,054,397
Revenue	9 10 11	Progra Inves Other Total 12)	am service revenue (Part VIII, lands transfer viter), lands transfer viter vit	Inne 2g)	 1e) (A), line 		55,288,0 2,723,7 1,317,0	614 770 088	4,860,222 54,874,695 5,054,397 1,562,286
	9 10 11 12	Progra Inves Other Total 12) Grant: Benefi	am service revenue (Part VIII, I tment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 1: 	line 2g)	 1e) (A), line 		55,288, 2,723, 1,317, 63,830,	058 000 000	4,860,222 54,874,695 5,054,397 1,562,286 66,351,600 0
	9 10 11 12 13 14 15	Progra Inves Other Total 12) Grant: Benefi Salari 5-10	the service revenue (Part VIII, Interest income (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1:	line 2g)	 1e) (A), line 		55,288,0 2,723,7 1,317,0	614 770 088 058 0 0	4,860,222 54,874,695 5,054,397 1,562,286 66,351,600
	9 10 11 12 13 14 15	Progra Inves Other Total 12) Grants Benefi Salari 5-10 Profes	am service revenue (Part VIII, Interest income (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1:	line 2g)	 1e) (A), line 		55,288, 2,723, 1,317, 63,830,	058 000 000	4,860,222 54,874,695 5,054,397 1,562,286 66,351,600 0
Expenses Revenue	9 10 11 12 13 14 15 16a b	Progra Inves Other Total 12) Grant: Benefi Salari 5-10 Profes	timent income (Part VIII, Interest income (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1:	Inne 2g)			55,288, 2,723, 1,317, 63,830, 39,749,	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4,860,222 54,874,695 5,054,397 1,562,286 66,351,600 0 40,986,922
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Signature States of Expenses Expenses of Fend Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er pen nowle	Progra Inves Other Total 12). Grant: Benefi Salari 5-10 Profes Other Total Reven Total Reven Total Net as Sign nalties of edge and has any k	timent income (Part VIII, Itement income (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1:	Inne 2g)	(A), line (A), lines (a), lines (b), lines (c), lines (c), lines	Beginni ying schedu an officer) i	55,288, 2,723, 1,317, 63,830, 39,749, 39,749, 62,638, 1,191, ng of Curre Year 215,434, 55,241, 160,192,	614 770 088 058 0 0 0 068 0 213 281 777 nt 324 941 383	4,860,222 54,874,695 5,054,397 1,562,286 66,351,600 0 40,986,922 0 21,705,991 62,692,913 3,658,687 End of Year 226,396,795 55,584,241 170,812,554
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Net Assets of Land Brances Expenses Land Brances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 rt III er pen nowle	Progra Inves Other Total 12). Grant: Benefi Salari 5-10 Profes Other Total fu Other Total Reven Total Net as Sign nalties of edge and has any k	timent income (Part VIII, Itement income (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1:	Inne 2g)	(A), line (A), lines (a), lines (b), lines (c), lines (c), lines	Beginni ying schedu an officer) i	55,288, 2,723, 1,317, 63,830, 39,749, 22,889, 62,638, 1,191, ng of Curre Year 215,434, 55,241, 160,192, alles and sta s based on	614 770 088 058 0 0 0 068 0 213 281 777 nt 324 941 383	4,860,222 54,874,695 5,054,397 1,562,286 66,351,600 0 40,986,922 0 21,705,991 62,692,913 3,658,687 End of Year 226,396,795 55,584,241 170,812,554

0 including grants of \$

53,067,047

0)(Revenue \$

(Expenses \$

Total program service expenses ►

0)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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 for escrow or custodial account liability, 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, line 10? If "Yes," complete Schedule D, Part VI.	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		No
С	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
	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		No
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? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? <i>If</i> "Yes," complete Schedule F, Parts 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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d				No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
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? <i>If</i> "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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Pel	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3,902			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country CS			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
				No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		NO
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			110
	<u> </u>	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	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	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11				
	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)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13		1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is licensed to issue qualified health plans	_		
		 145		 NI =
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14h		No

Section A. Governing Body and Management

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.

		Yes	No
Enter the number of voting members of the governing body at the end of the tax year			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Enter the number of voting members included in line 1a, above, who are independent			
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
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?	6		No
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?	7a		No
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
The governing body?	8a	Yes	
Each committee with authority to act on behalf of the governing body?	8b	Yes	
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>even</u> u	ie Cod	e.)
		Yes	No
	10a		N o
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
the form?	11a	Yes	
	12a	Yes	
rise to conflicts?	12b	Yes	
ın Schedule O how this was done	12c	Yes	
Did the organization have a written whistleblower policy?	13	Yes	
		۷۵۶	
Did the organization have a written document retention and destruction policy?	14	163	
Did the organization have a written document retention and destruction policy?	14	163	
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? The organization's CEO, Executive Director, or top management official	14 15a	Yes	
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?			
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? The organization's CEO, Executive Director, or top management official	15a	Yes	
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? The organization's CEO, Executive Director, or top management official	15a	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? 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 Lection B. Policies (This Section B requests information about policies not required by the Internal R Did the organization have local chapters, branches, or affiliates? 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 organiz	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent i	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent. 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more 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? The governing body? Bab Yes Each committee with authority to act on behalf of the governing body? Bab Yes Did the organization director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If "Yes," provide the names and addresses in Schedule O Ordina B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod organization's average that the organization have local chapters, pranches, or affiliates? If "Yes," did the organization have written policies and procedures governing th

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ▶OR
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Lee Sarver 900 SE Baker Street unit A512 McMinnville, OR (503)883-2698

Form	990	(2012
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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 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 organization nor any related organization compensated any current officer, director, or trustee

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M13C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	hours per week (list person is both an officer from t any hours and a director/trustee)							Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	an co	(F) Estima nount of ompens from t	ted fother ation he									
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate rganıza	ed b								
1b	Sub-Total																				
C	Total from continuation sheet	· · · · · s to Part VII, S	ection A	٠.				-													
d	Total (add lines 1b and 1c) .							F	2,205,505	(604,007								
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho received more th	an											
												Yes									
3	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes," complete S</i>					key •	emplo	yee,	or highest compen	sated employee	3		No								
4	For any individual listed on line organization and related organ individual										4	Yes									
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No								
Se	ection B. Independent Co	ntractors																			
1												Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year									

(A) Name and business address	(B) Description of services	(C) Compensation
Sodexo Inc PO Box 70060 Chicago IL 60673	Food Service	2,746,927
Walsh Construction 2905 SW First Ave Portland OR 97101	Construction	859,336
Michelle Joel Travel Service 1761 NW 8th Street McMinnville OR 97128	Travel Agency	483,190
Legacy GSH Loveridge Hall 2215 NW Northrup Portland OR 97210	Student Housing	300,568
The Mandala Agency 2855 NW Crossing Drive Bend OR 97701	Marketing and media services	298,069
3. Total number of independent contractors (including but not limited to these lists	d above) who recoved more than	

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 ►28

Form 99								Page S
Part V	/##		of Revenue ule O contains a respor	nse to any question i	in this Part VIII			
				, que en la constant de la constant	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<u> </u>	1a	Federated cam	paigns 1a	0				
ant	b	Membership du	ies 1b	0				
Ę,	С	Fundraising ev	ents 1c	4,100				
iffs,	d	Related organiz	zations 1d	0				
nii.G	e	Government grant	s (contributions) 1e	1,198,108				
ons Sir	f	All other contribute	ons, gifts, grants, and 1f	3,658,014				
outi her	•	sımılar amounts no	ot included above			ļ		
i i	g	Noncash contributi 1a-1f \$	ons included in lines	112,046				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1 a - 1 f	🛌	4,860,222			
<u> </u>				Business Code				
eun	2a	Net Tuition Reveni	ue	611310	44,280,120	44,280,120	0	(
2	ь	Auxiliary Services		611310	10,594,575	10,594,575	0	(
Program Serwce Revenue	С							
<u>*</u>	d							
Ē	е							
200	f	All other progra	am service revenue		0	О	0	(
Ě	g	Total. Add lines	s 2a-2f	🕨	54,874,695			
	3		ome (including dividen	L. I	2,032,436	0	0	2,032,436
	4	and other simil	ar amounts) stment of tax-exempt bond	F	0	0	0	
	5	Danielkiaa		· · · · .	0	0	0	(
		,	(ı) Real	(II) Personal				
	6a	Gross rents	576,024	0				
	ь	Less rental expenses	456,114	0				
	С	Rental income	119,910	0				
	d	or (loss) Net rental inco	me or (loss)		119,910	0	0	119,91
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	17,529,540	0				
	ь	Less cost or other basis and sales expenses	14,507,579	0				
	С	Gain or (loss)	3,021,961	0				
	d		ss)		3,021,961	0	0	3,021,96
Other Revenue	8a	events (not inc \$4	s reported on line 1c)					
E.		,	a	51,685				
тħе	b		penses b	33,954				
0	c 9a	Gross income f	(loss) from fundraising from gaming activities ne 19	events 🛌	17,731		0	17,73
			а	0				
	b		(loss) from gaming activ	0	0	0	0	
	10a	Net income or in	(loss) from gaming acti	vides	0	U		
	100	returns and allo		0				
	b c		oods sold b (loss) from sales of inve	oentory 🛌	0	0	0	
		Miscellaneou	s Revenue	Business Code				
	11a	Athletics		611310	479,751	479,751	0	(
	b	Rental - HP		531120	69,432	69,432	0	(
	С	Parking Fees		611310	41,646	41,646	0	(
	d		ue		833,816	833,816	0	
	е	Total. Add lines	s 11a-11d	▶	1,424,645			
	12	Total revenue.	See Instructions .	▶	66,351,600	56,299,340	0	5,192,03

	990 (2012)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ione milet comp	lete column (A)	
36000					·
<u> </u>	Check if Schedule O contains a response to any question in this Pa		(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	0	general expenses	ехрепзез
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and				
	key employees	1,449,405	504,036	762,312	183,057
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	29,052,296	26,100,500	1,778,603	1,173,193
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,975,877	2,673,519	182,186	120,172
9	Other employee benefits	5,196,784	4,668,776	318,151	209,857
10	Payroll taxes	2,312,560	2,077,597	141,577	93,386
11	Fees for services (non-employees)				
а	Management				
b	Legal				_
С	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Instruction	6,183,426	6,183,426	0	0
b	A cademic Support	805,193	805,193	0	0
c	Student Services	4,227,752	4,227,752	0	0
d	Institutional Support	4,133,852	0	3,805,123	328,729
e	All other expenses	6,355,768	5,826,248	529,520	0
25	Total functional expenses. Add lines 1 through 24e	62,692,913	53,067,047	7,517,472	2,108,394
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	,, - 3	,,	, ., .,	, -,

Part X Balance Sheet

Pai	rt X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	5,545,347	1	673,707
	2	Savings and temporary cash investments	2,050,065	2	5,175,010
	3	Pledges and grants receivable, net	603,574	3	440,249
	4	Accounts receivable, net	1,999,185	4	2,442,211
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Se	_		5 070 700	6	0
As	7	Notes and loans receivable, net	5,376,780	-	5,385,844
	8	Inventories for sale or use	21,285	8	12,066
	9	Prepaid expenses and deferred charges	1,805,294	9	2,102,284
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 152,572,131			
	b	Less accumulated depreciation		10c	101,951,494
	11	Investments—publicly traded securities	96,224,306	11	107,920,658
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	295,681	15	293,272
	16	Total assets. Add lines 1 through 15 (must equal line 34)	215,434,324		226,396,795
	17	Accounts payable and accrued expenses	3,485,993	17	4,378,705
	18	Grants payable	4,511,714	18	4,494,227
	19	Deferred revenue	2,272,135	19	2,538,552
	20	Tax-exempt bond liabilities	42,666,637	20	41,805,762
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	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			
		D	2,305,462	25	2,366,995
	26	Total liabilities. Add lines 17 through 25	55,241,941	26	55,584,241
φ		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	95,907,772	27	100,937,109
<u>100</u>	28	Temporarily restricted net assets	22,341,441	28	26,773,343
=	29	Permanently restricted net assets	41,943,170	29	43,102,102
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			<u> </u>
ō	30	complete lines 30 through 34.		30	
ets	30	Capital stock or trust principal, or current funds		31	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		32	
Α Α	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	160,192,383	33	170,812,554
Net					· · · · ·
	34	Total liabilities and net assets/fund balances	215,434,324	34	226,396,795

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				্ . ৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		66.3	351,600
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1			02,0	592,913
_		3		3,6	58,687
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		160.1	.92,383
5	Net unrealized gains (losses) on investments	5			.04,602
6	Donated services and use of facilities			/,1	.04,002
-		6			0
7	Investment expenses	7			0
8	Prior period adjustments				
•	Other changes in not accets or fund belances (explain in Schodule O.)	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 1	.43,118
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		170,8	312,554
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	ate			
	▼ Separate basis				1
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
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.	quirec	3b	Yes	

Software ID: 12000197 **Software Version:** v1.00

EIN: 93-0391586

Name: LINFIELD COLLEGE

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	s,Tru	uste	ees,	, Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	o not one son is er an trust	box s bot d a tee)	, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former			organizations
Pamela Jacklın Board Member	0	Х						0	0	0
Thomas Sutro Board Member	2	х						0	0	0
Dave Dillon Board Member	2 0	х						0	0	0
Bernard Turner Board Member	2 0	х						0	0	0
Ronni Lacroute Board Member	2	х						0	0	0
Doug Tunnell Board Member	2 0	х						0	0	0
Lucinda Fournier Board Member	2	х						0	0	0
Dave Haugeberg Board Chaır	2	х						0	0	0
Phillip Bond Board Member	2	х						0	0	0
Martha Cox Board Member	2 0	х						0	0	0
Daniel O'Leary Board Member	2 0	х						0	0	0
Moe Momtazı Board Member	0	х						0	0	0
TJ Day Board Member	0	х						0	0	0
Kent Harrop Board Member	0	Х						0	0	0
Pam Claassen Board Member	2 0	х						0	0	0
David Baca Board Member	0	Х						0	0	0
Kerry Carmody Board Member	0	Х						0	0	0
Kellannie Henry Board Member	0	Х						0	0	0
Paul Aslanian Board Member ————————————————————————————————————	0	х						0	0	0
David Jubb Board Member	0	Х						0	0	0
Gary Magnuson Board Member ————————————————————————————————————	0	х						0	0	0
Sandra Thompson Board Member ————————————————————————————————————	0	х						0	0	0
Michelle Giguere Board member 	0	х						0	0	0
Mark Patterson Board Member —	0	х						0	0	0
Dick Withnell Board Member	0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both per from the from related compensation organization (Wan officer and a organizations (Wfrom the week (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former Highest compensated employee ndividual trustaa or diliector Institutional hours organizations for employee related organızatıons below Trustee dotted line) 2 Gale Castillo Χ 0 0 0 Board member 0 2 Steve Bils 0 0 Х 0 Board Member 2 Julie McElrath 0 0 0 Х Board Member 0 2 Ken Stuart Х 0 0 0 Board Member 0 2 Jingsong Zhu 0 0 0 Х Board Member 0 2 Susana Fajardo 0 0 0 Х Student Board member 2 David Sumner 0 0 0 Х Faculty Board Member 0 2 Antony Uphoff 0 0 0 Х Board Member 0 40 Thomas Hellie Χ Х Χ 283,042 0 146,672 President 0 40 W Glenn Ford 0 Х 195,161 38,367 Vice President 0 40 Dan Preston Χ 111,024 0 32,567 Dean of Enrollment n 40 Bruce Wyatt Х 151,986 0 19,227 VP College Relations 0 40 Susan Agre-Kıppenhan Х 0 154,556 32,261 VP of Academic Affairs 0 40 Susan Hopp Χ 121,220 0 30,174 Vice President/Dean of Students 0 40 John McKeegan Χ 115,548 0 35,152 Legal Counsel/Adv to President 0 40 0 Х 110.603 25.547 Director of Budget & Financial Analysis 40 Irving Wiswall 0 Х 105,431 25,578 Chief Technology officer 0 40 John Hall Χ 106,818 0 27,516 Director of Capital Planning 0 40 Neal Rosenberg Χ 130,570 0 19,677 Professor of Nursing 0 40 Lında Powell 0 Х 103,514 34,332 Director of Human Resources 0 40 Susan Whyte Х 104,556 0 28,053 Director of the Library 0 40 Pamela Wheeler Х 104,579 0 29,137 Assoc Professor of Nursing O 40 Scott Carnahan 26,505 Χ 101,811 0 Athletic Director 0 40 Sandra Lee Х 101,498 0 31,852 Professor of English Language 0 Beverly Epeneter 40 Professor and Associate Dean of Institutional 103,588 0 21,390 0 Programming

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493065003084

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

LINFIELD COLLEGE

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

									93-0391		
	rt I			blic Charity Sta						nstruction	S
	rganı		•	te foundation becaus	•			•	•		
1		A chur	ch, convent	on of churches, or a	ssociation of	fchurches d	lescribed in s	ection 170	(b)(1)(A)(i).		
2		A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)				
3	Г	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon desci	ıbed ın sectio	on 170(b)(1	L)(A)(iii).		
4	Г	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital des	cribed in s e	ection 170(b)((1)(A)(iii).	Enter the
_	_			ty, and state							
5	ı	_	•	erated for the benefi	_	e or universi	ity owned or o	perated by	a governmen	tal unit des	cribed in
	_			A)(iv). (Complete P	· ·						
6	<u>_</u>		•	local government o	-						
7				at normally receives			support from	a governm	nental unit or f	rom the ge	neral public
8	_			on 170(b)(1)(A)(vi). : described in sectio i			mplete Part II	τ \			
9	<u>'</u>		•	at normally receives	. , . , .	, , , ,	•	•	ibutions mom	harchin fac	s and gross
,	'	_		rities related to its e					· ·	•	
		•		oss investment inco	•	_		-			
		•		ganızatıon after June				•		cax) nom i	,4311163363
10	\vdash	•	,	ganized and operated	•			•	•		
11	<u>'</u>	_		ganized and operated	•		•		. , , ,	to carry ou	the nurnoses of
	,	_		ly supported organiz	,				•		
				bes the type of supp							()()
		a	Type I	b	Type II	I - Functior	nally integrate	ed d	Type III - N	on-functior	ally integrated
e	Γ			ox, I certify that the							
				on managers and ot	her than one	or more pu	blicly support	ed organiz	atıons descrıb	ed in secti	on 509(a)(1) or
f			n 509(a)(2)	received a written de	etermination	from the IE	C that it is a	Type I Ty	ne II or Tyne	III suppoi	ting organization
•			this box	received a written a	cccimination	nom the m	Co chac ic is a	1 9 0 0 1 , 1 9	pc 11, 01 1 ypc	III Suppoi	
g		Since A	August 17, 2	2006, has the organ	ızatıon accep	oted any gift	t or contributi	on from an	y of the		·
			ng persons?								
		., .		rectly or indirectly o	•		5	persons d	escribed in (ii		Yes No
		•		governing body of th	• •	•	n?				.g(i)
			· ·	er of a person descr							g(ii)
				lled entity of a perso						11	g(iii)
h		Provide	e the followi	ng information about	the supporte	ed organizat	tion(s)				
(i	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of
	suppo			organızatıon	organızatı		the organi		organizat		monetary
OI	ganiz	ation		(described on	col (i) lis		ın col (i) d	•	col (i) org		support
				lines 1 - 9 above or IRC section	your gove docume		suppor	τ,	ın the U	5 /	
				(see	docume	110.					
				instructions))	\	No.	V	Na	V	No	-
					Yes	No	Yes	No	Yes	No	
						-	+			1	
Total									+		

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493065003084

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Employer identification number Name of the organization LINFIELD COLLEGE 93-0391586 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) □ Preservation of land for public use (e.g., recreation or education) □ Preservation of an historically important land area

	Protection of natural habitat	□ Preservation of a	certified	d historic struct	ure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified ceasement on the last day of the tax year	onservation contribution in	the form	ı of a conservatı	on	
				Held at the I	End of the	e Ye
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic structure	re ıncluded ın (a)	2c			
d	Number of conservation easements included in (c) acquired after historic structure listed in the National Register	8/17/06, and not on a	2d			
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminat	ed by th	e organization d	luring	
	the tax year ▶					
4	Number of states where property subject to conservation easeme	nt is located ►				
5	Does the organization have a written policy regarding the periodic enforcement of the conservation easements it holds?	monitoring, inspection, hai	ndling of	violations, and	┌ Yes	Γ
5	Staff and volunteer hours devoted to monitoring, inspecting, and e	nforcing conservation ease	ments d	uring the year		
	-					
7	A mount of expenses incurred in monitoring, inspecting, and enforce	cing conservation easemen	ts during	j the year		
	▶ \$					
3	Does each conservation easement reported on line 2(d) above sa and section $170(h)(4)(B)(II)$?	tisfy the requirements of se	ection 17	0(h)(4)(B)(ı)	┌ Yes	Г
9	In Part XIII, describe how the organization reports conservation of balance sheet, and include, if applicable, the text of the footnote t		•	,		

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Part	•••• Organizations Maintaining Co	<u>llections of Art,</u>	His	<u>tori</u>	<u>cal Treas</u>	<u>ures, or Otl</u>	<u>her</u>	Similar .	<u>Asse</u>	ts (cc	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ls, ch	eck	any of the fo	llowing that ar	eas	significant i	use of	ıts	
а	Public exhibition		d	Γ	Loan or ex	change progra	ms				
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how	the	y further the	organization's	exe	mpt purpos	se in		
5	During the year, did the organization solicit of							lar			_
	assets to be sold to raise funds rather than t	•								Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					on answered	"Ye	s" to Forn	n 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other asse	ts no	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	follow	ıng t	able				A mag.		
С	Darwaya balanca					<u> </u>	+		Amou	int	
d	Beginning balance						.c .d				
	Additions during the year					<u> </u>	_				
e f	Distributions during the year						e .f				
	Ending balance		242			L	т			.,	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21/						J	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete	f the organization (a)Current year		vere		Form 990, F Two years back				NEOUR V	ears back
1a	Beginning of year balance	78,106,592	(D)		875,485	67,027,027	(u)11	58,212,4	_		0,177,892
 b	Contributions	2,079,450		2,:	312,654	5,670,371		4,394,3	85		1,563,176
c	Net investment earnings, gains, and losses										
_		11,346,556			522,820	14,393,495		7,459,9	_	-1	.0,126,343
d	Grants or scholarships	1,281,380		1,.	293,947	1,246,332		1,254,6	/5		993,794
е	Other expenditures for facilities and programs	2,013,862		2,	212,421	1,932,076		1,751,0	50		1,778,265
f	Administrative expenses	45,461			52,359	37,000		34,0	00		30,250
g	End of year balance	88,191,895		78,	106,592	83,875,485		67,027,0	27	5	8,812,416
2	Provide the estimated percentage of the curi	rent year end balance	e (lını	e 1g	, column (a)) held as					
а	Board designated or quasi-endowment 🕨	38 %									
ь	Permanent endowment ► 48 %										
С		4 %									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	tion t	hat a	are held and	administered	for t	he			
	organization by							_		Yes	No
	(i) unrelated organizations			•			•	_	3a(i)		No
L	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio						•	[3a(ii) 3b	<u> </u>	No
ь 4	Describe in Part XIII the intended uses of the						•	· · · L	30		<u> </u>
	t VI Land, Buildings, and Equipme										
	Description of property		3, 1 4	(a)	Cost or other (investment)	(b)Cost or other basis (other)		(c) Accumula depreciatio		(d) Bo	ok value
1a					6,641,720	8,640,9	22		\dashv	1	 5,282,642
	Buildings				0	101,633,8	_	26,141	,645		5,492,233
	Leasehold improvements				0	5,815,2	-	1,924	_		3,890,636
	Equipment				0	29,083,6	-	22,554	_		6,529,274
					0	 	-+	,	0		756,709
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			mn (B), line 10(c)	<u> </u>				10	1,951,494
	Other			mn (i		1 , 30,7					

Part VII Investments—Other Securities. S (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation
		Cost or end-of-year market value
)Financial derivatives		
)Closely-held equity interests		
her		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	*	
art VIII Investments—Program Related.	See Form 990 Part X line 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	+	Cost of end-of-year market value
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X		(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
art IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X	, line 15.	(b) Book value
Other Assets. See Form 990, Part X (a) Des	, line 15.	(b) Book value
Other Assets. See Form 990, Part X (a) Des	e 15.)	(b) Book value
Other Assets. See Form 990, Part X (a) Des	e 15.)	(b) Book value
Other Assets. See Form 990, Part X (a) Des	e 15.)	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X, col.(B) Description of liability	e 15.) rt X, line 25. (b) Book value	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X, col.(B) Description of liability	e 15.) rt X, line 25.	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pa (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pa (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pa (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Des otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pa	e 15.) rt X, line 25. (b) Book value	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pa (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pa (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
Other Assets. See Form 990, Part X (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Pa (a) Description of liability ederal income taxes	e 15.) rt X, line 25. (b) Book value	(b) Book value

			_
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	73,782,945
2	A mounts 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 XIII)		
e	Add lines 2a through 2d	2e	7,431,345
3	Subtract line 2e from line 1	3	66,351,600
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 0		
b	Other (Describe in Part XIII) 4b 0		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	66,351,600
Part :	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	62,653,461
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		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	490,068
3	Subtract line 2e from line 1	3	62,163,393
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 0		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	529,520
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	62,692,913

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment fund spending is used for scholarships, lectureships, departmental funding and building maintenance and operations
SchD_P10_S00_L01	Schedule D, Part X, Line 1	The College is exempt from federal and state income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code (IRC), except to the extent of unrelated business income tax under Sections 511 through 515 of the IRC Unrelated business income tax is insignificant or nonexistent, and therefore, no tax provision has been made. Management has analyzed tax positions taken by the College and has concluded that as of June 30, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The College uses an actuarial method to record certain split- interest arrangements. Under this method, the present value of the payments to beneficiaries is estimated based upon life expectancy tables when the gift is received. The present value of those payments is recorded as a liability and the remainder as temporarily restricted net assets. Period adjustments are made between the liability and the net assets to record actuarial gains or losses.
SchD_P11_S00_L02d	Schedule D, Part XI, Line 2d	From Accrued Contributions Receivable to Cash \$-163,325, Direct expenses reclassed from Expense to Contra Revenue to arrive at net revenue \$490,068
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Reclass from expense to Contr Revenue to arrive at net revenue \$-490,068
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Change in value of Split Interest Agreements \$529,520,

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As Filed Data -

DLN: 93493065003084

OMB No 1545-0047

MB No 1545-00

2012

2012

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schools

► Attach to Form 990 or Form 990-EZ.

Employer identification number

LINFIELD COLLEGE 93-0391586 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? 5g Νo 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					
SchE_P01_S00_L03	Schedule E, Part I, Line 3	The college customarily draws a substantial percentage of students from a large geographic section of the US, and worldwide, and enrolls students of racial minority groups in meaningful numbers. The college follows a racially nondiscriminatory policy as to all students, which is widely published in the literature sent to students and prospective students. Accordingly, under Sec. 4.03(2)(b), the college complies with the publicity requirement by fulfilling the Sec. 4.02 procedures pertaining to nondiscriminatory policy statements.					
SchE_P01_S00_L06	Schedule E, Part I, Line 6	The college receives student financial assistance from the Department of Education and has an annual independent audit in accordance with OMB Circular A-133. That report and the accompanying schedule of expenditures of federal awards includes all federal grants received by the college, which had activity during the fiscal year. The schedule is prepared on the accrual basis of accounting and in accordance with OMB Circular A-133.					

Schedule E (Form 990 or 990-EZ) 2012

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As Filed Data -

DLN: 93493065003084

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 2012

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization LINFIELD COLLEGE

► Attach to Form 990. ► See separate instructions.

					93-0391586					
Pai	General Information "Yes" to Form 990, Pai			e United States. Co	omplete if the organiz	ation answered				
1	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	jibility for the 🤉	grants or assis	tance, and the selectı	on criteria used to awa	ard _				
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.									
3	Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)									
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, 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 and investments in region				
	Central America and the Caribbean	0	1	Program Services	Higher Education	87,170				
	Sub-total Total from continuation sheets to Part I									
С	Totals (add lines 3a and 3b)	0	1			87,17				

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
2				ted above that are r e or counsel has pro									
3	Enter total nur	Enter total number of other organizations or entities											

Schedule F (Form 990) 2012

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. Part III can be duplicated 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)
							appraisal, other)

Part IV Foreign Forms

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) 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	1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
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) 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) 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) 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	2	required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for	Γ	Yes	<u>~</u>	No
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) 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) 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	3	organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign	Г	Yes	<u> </u>	Νo
organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) Old 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	4	electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a	Г	Yes	<u> </u>	Νo
the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form	5	organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships.	F	Yes	Г	Νo
	6	the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form	Γ	Yes	<u>তি</u>	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

DLN: 93493065003084

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

LINFIELD COLLEGE

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

						93-0391586	
Pa	rt I Fundraising Act	ivities. Complete	e if the oi	ganızatı	ion answered "Yes" t	to Form 990, Part IV	, line 17.
1 b c d 2a	Indicate whether the organ Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations i written or oral agre Form 990, Part VII) t paid individuals or	ement witl or entity entities (f	e f g n any Indi In connec	Solicitation of non Solicitation of gov Special fundraisin vidual (including officer	-government grants ernment grants g events rs, directors, trustees undraising services?	Г Yes Г N o
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tota	al			.▶			
3	List all states in which the licensing	organization is regis	tered or li	censed to	I o solicit funds or has be	I en notified it is exempt	I : from registration or

Pai	t II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut								
			(a) Event #1 Wildcat Open	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))					
			(event type)	(event type)	(total number)	(3)					
E	1	Gross receipts	55,78	5		55,785					
Revenue	2	Less Contributions	4,10	0		4,100					
	3	Gross income (line 1 minus line 2)	51,68	5		51,685					
	4	Cash prizes		0		0					
မှာ	5	Noncash prizes		0		0					
Expenses	6	Rent/facility costs	22,00	0		22,000					
ă	7	Food and beverages .	11,08	5	0	11,085					
Direct	8	Entertainment		0	0	0					
ā	9	Other direct expenses .	86	9		869					
	10	Direct expense summary Add lin	es 4 through 9 ın columr	4 through 9 ın column (d)							
	11	Net income summary Combine li	ne 3, column (d), and line	e 10	•	17,731					
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered	"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))					
<u>~</u>	1	Gross revenue									
ses	2	Cash prizes									
Expenses	3	Non-cash prizes									
_	4	Rent/facility costs									
Direct	5	Other direct expenses									
	6	Volunteer labor	┌ Yes ┌ No	☐ Yes ☐ No	┌ Yes ┌ No						
	7	Direct expense summary Add line	s 2 through 5 in column ((d)	🛌						
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	<u> ▶</u>						
9 a b	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?										
10a b											

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

DLN: 93493065003084

OMB No 1545-0047

Schedule J

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 organization LINFIELD COLLEGE

(Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

93-0391586

Pa	rt I Questions Regarding Compensati	on						
					Yes	No		
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items					
	First-class or charter travel	<u>~</u>	Housing allowance or residence for personal use					
	▼ Travel for companions	Γ	Payments for business use of personal residence					
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees					
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b	Yes			
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directors.							
	unectors, trustees, and the CLO/Executive Direc	tor, regard	and the items thetred in line 1a.	2	Yes			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III							
	Compensation committee	굣	Written employment contract					
	☐ Independent compensation consultant	▼	Compensation survey or study					
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990 or a related organization	O, Part VII	I, Section A, line 1a with respect to the filing organization					
а	Receive a severance payment or change-of-contr	ol paymen	ıt?	4a		No		
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b		Νo		
С	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		No		
	If "Yes" to any of lines 4a-c, list the persons and	provide th	ne applicable amounts for each item in Part III					
	Only 501(c)(3) and 501(c)(4) organizations only r	must comp	plete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any					
а	The organization?			5a		No		
b	Any related organization?			5b		No		
	If "Yes," to line 5a or 5b, describe in Part III							
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization 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 payments not described in lines 5 and 6? If "Yes,			7		No		
8	Were any amounts reported in Form 990, Part VII	, paid or a	occured pursuant to a contract that was					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe							
	ın Part III							
9	9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?							

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation			other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)Thomas Hellie President	(i) (ii)	281,494 0	0	1,548 0	107,185 0	40,464 0	430,691 0	0	
(2)W Glenn Ford Vice President	(i) (ii)	193,317 0	0 0	1,844 0	21,347 0	17,997 0	234,505 0	0 0	
(3)Bruce Wyatt VP College Relations	(i) (ii)	150,017 0	0 0	1,969 0	16,807 0	3,396 0	172,189 0	0 0	
(4)John McKeegan Legal Counsel/Adv to President	(i) (ii)	115,548 0	0	0	13,679 0	22,449 0	151,676 0	0	
(5) Susan Agre- Kıppenhan VP of Academic Affairs	(i) (ii)	154,556 0	0	0	17,044 0	16,194 0	187,794 0	0	
(6)Susan Hopp Vice President/Dean of Students	(i) (ii)	121,220 0	0	0	14,044 0	17,107 0	152,371 0	0	
(7) Neal Rosenberg Professor of Nursing	(i) (ii)	130,570 0	0	0	11,363 0	9,292 0	151,225 0	0 0	

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation									
SchJ_P01_S00_L01a		The college provides housing for the President He is required to live there as a condition of his employment and for the convenience of the employer. The college pays club dues to Michelbook Country Club, the University Club and the Arlington Club as part of the President's role (e.g. fundraising, external relations, meetings space, etc.) The college occasionally pays for the president's spouse travel if they are attending alumni gatherings or other events where it benefits the college to have the president and his wife present.									

Schedule J (Form 990) 2012

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

DLN: 93493065003084

2012

Open to Public

Inspection

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

LINFIELD COLLEGE

explanations, and any additional information in Part VI. ► Attach to Form 990. ► See separate instructions.

Employer identification number

	11220 00 222 02							93-	-03915	86					
P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Description of purpose		(g) Defeased		(h) On behalf of Issuer			Pool ncing	
											No	Yes	No	Yes	No
A	State of Oregon Facilities Authority	93-6001787	00068608J	05-19-2005	20,60	7 /66 1		Refund series 2000 & capital improvement projects			х		×		Х
В	State of Oregon Facilites Authority 2010 Bonds	93-6001787	68608JMT5	08-11-2010	23,23	3,102	2001	nding series 1 , Capital Im ects, and res	provement		Х		х		Х
Pa	rt III Proceeds														
						4		E	3		С		D		
1	A mount of bonds retired					1,975,000 0									
2	A mount of bonds legally defea		0 0												
3	Total proceeds of issue		20,602,	766		23,237,650									
4	Gross proceeds in reserve funds					1,750,	110		1,178,807						
5	Capitalized interest from proc	eeds				0 0		0							
6	Proceeds in refunding escrow	rs .			0 0										
7	Issuance costs from proceed	S			357,228 456,758										
8	Credit enhancement from pro	ceeds					0		0						
9	Working capital expenditures	from proceeds					0		0						
10	Capital expenditures from pro	ceeds				6,482,	595		6,142,667						
11	Other spent proceeds						0		0						
12	Other unspent proceeds						0		834,541						
13	Year of substantial completion				20	07		20	12						
					Yes	No		Yes	No	Yes	N	lo	Yes		No
14	14 Were the bonds issued as part of a current refunding issue?					Х		Х		· ·					
15	Were the bonds issued as part of an advance refunding issue?								Х						
16	Has the final allocation of pro	Х				Х									

allocation of proceeds? Part IIII Private Business Use

17

	111vace basiness esc								
		4	A		В		С)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		х		х				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		×		Х				
=				0.0.5	•	•		1 1 1/ /=	222) 224

Χ

Does the organization maintain adequate books and records to support the final

Χ

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)								,	
				Α		В		<u>C</u>		D
-	Are there any management or service contracts that may result in private	husings usa	Yes	No	Yes	No	Yes	No	Yes	No
За	of bond-financed property?	busiliess use		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		х		х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government			0%		0%		%	,	%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothor (c)(3) organization, or a state or local government			0 %		0 %		%		%
6	Total of lines 4 and 5			0%		0%		%	,	%
7	Does the bond issue meet the private security or payment test?			Х		Х				
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%	,	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		x		Х					
Dor										
Par	t IV Arbitrage	A			В	С			D	
		Yes	No	Yes	No	Yes	es No		Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х					
2	If "No" to line 1, did the following apply?					 	I	I		
а	Rebate not due yet?		Х		Х					
b	Exception to rebate?		Х		Х					
С	No rebate due?	×		Х						
	If you checked "No rebate due" in line $2c$, provide in Part VI the date the rebate computation was performed			•	•	•	'	•		
3	Is the bond issue a variable rate issue?		Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
		•		•	-					

Pai	Part IV Arbitrage (Continued)								
		А	A B			С	С		
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х			Х				
b	Name of provider	Trinity Plus F LLC	unding Co						
С	Term of GIC		25 3						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х							
6	Were any gross proceeds invested beyond an available temporary period?		Х	Х					
7	Has the organization established written procedures to monitor the requirements of section 148?	Х		Х					
Pa	rt V Procedures To Undertake Corrective Action								

	The contract of the contract o								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х		х					

Part VI Supplemental Ir	Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).							
Ident if ier	Return Reference	Explanation						
SchK_P02_S00_L03	· · · · · · · · · · · · · · · · · · ·	2010 Bonds (B) - Issue Price/Total Proceeds of \$23,233,102 (Form 8038) plus investment earnings of \$4,548 for a total of \$23,237,650						
SchK P04 S00 L02c	Schedule K. Part IV. Line 2c	2005 Bonds (A) Rebate computation done May 19, 2010 2010 Bonds (B) Rebate computation done June 30, 2013						

Schedule K (Form 990) 2012

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OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

Noncash Contributions

Name of the organization LINFIELD COLLEGE

Employer identification number

_	T C.P.				93-0391586			
Pa	rt I Types of Property	(a) Check If	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on	Method of noncash contri		_	ts
		applicable		Form 990, Part VIII, line 1g				
1	Art—Works of art			19				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications	X		0	None			
	Clothing and household				IVOIIC			
•	goods	X		0	None			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	15	112,046	Market Value			
10	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic							
L 4	structures							
L 5	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts	X	9	0	None			
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ►()							
	Other ►()							
	Other►(
	Number of Forms 8283 received	by the orga	nization during the tax yea	r for contributions				
	for which the organization comple		- ,		29			3
				-			Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
Ь	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell	noncash			
_	contributions?					32a		No
h	If "Yes," describe in Part II					JZa		140
33	If the organization did not report	an amount	in column (c) for a type of	property for which column (a) is checked			
	describe in Part II	. an amount	columni (c) for a type of	property for willen column (a, is checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

number of items received, or a combination of both. Also complete this part for any additional information.								
Identifier	Return Reference	Explanation						
SchM_P01_S00_L33		Linfield established the Oregon Wine History Archive in 2011 Local growers have been directing their collections of historical records to this Archive In 2013 we received assorted records, CDs, DVDs and books from 9 separate donors Linfield's library received hard cover books, soft cover books, CDs, DVDs and tapes from various donors Linfield has received assorted costumes for the music department. These donations individually are small and do not have an easily ascertainable value, therefore, it is not prudent or cost effective to assign them a value and we do not capitalize them.						

Schedule M (Form 990) (2012)

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.

2012

Open to Public Inspection

Name of the organization LINFIELD COLLEGE

Employer identification number

93-0391586

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	A few trustees serve together on other boards Two trustees are related by marriage
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Before filing of the college's tax return, the return (form 990) and supplemental schedules and information, are forwarded to the Audit Committee, for review, comments, and approval, including schedule B. After the approval and before the return is filed, a copy is posted to the Trustee's website to be available for review by each of the Board of Trustees, excluding schedule B. The information that is included/reported in schedule B is provided to the full Board of Trustees confidentially at its regular meetings. After the return is posted to the full Trustee's website, ample time is allowed for comments and changes, if any, prior to the extended due date of the return. Any material changes int he return or any proposed changes to the governance section would require an additional approval by the Audit Committee.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflicts of Interest policies and questionnaires are disbursed, collected and reviewed annually. After review, the conflicts, if any, are followed up on internally and forwarded to the college's Audit Committee for further review and action as deemed necessary.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The process for determining the compensation of the President of the College is completed periodically based on the direction and review of the Executive Committee of the Board of Trustees Data collection is performed by Linfield's Senior Director of Human Resources and Administration via survey of comparable institutions. The data is analyzed and reviewed by the Executive Committee of the Board of Trustees who determines the President's compensation. The process for determining compensation for officers and key employees is also completed periodically by the Senior Director of Human Services and Administration utilizing published comparability data. The data is analyzed and reviewed by the President of the College.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Linfield College's financial statements are available on the College's website and by request and a conflict of interest questionnaire is done every year with all trustees, officers, key employees and faculty. The College has not previously had requests for copies of its governing documents or conflict of interest policies. We would, however, provide them if requested to do so
F990_P09_S00_L24e	Form 990, Part IX, Line 24e	Other expenses relate to auxiliary enterprise costs consisting of food service, residence life, bookstore operations and conference hosting
F990_P11_S00_L09	Form 990, Part XI, Line 9	Change in Value of Split Interest Agreements -29,500, Changes and Transfers among Funds 49,707, From Accrual to Cash contributions Receivable -163,325,