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DLN: 93493133054936

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	014 cal	endar year, or tax year beginning 07-01-2014 , and ending 06-30-2015				
B Ch	eck if ap	plicable	C Name of organization Board of Trustees of Whitman College		D Emplo	yer i	dentification number
☐ Add	Iress cha	inge			91-05	677	740
Na	me chan	ge	Doing business as				
┌ Init	ial returr	า			E Telepho	one n	umber
Fin	al		Number and street (or P O box if mail is not delivered to street address) Room/suit 345 Boyer Ave	е	·		
	urn/term		, , , , , , , , , , , , , , , , , , ,		(509)	527	7-5592
_	ended re		City or town, state or province, country, and ZIP or foreign postal code Walla Walla, WA 993622067		G Gross r	ecein	ts \$ 206,167,561
App	olication	pending	·		C 01033 1	СССТР	
			F Name and address of principal officer	H(a)	Is this a group	retu	urn for
			Kathleen Murray 345 Boyer Ave		subordinates?		Γ Yes Γ No
			Walla Walla, WA 993622067	H(b)	Are all subordi	nate	s 「Yes「No
					ıncluded?		
I Ta	x-exemp	t status	▼ 501(c)(3)		If "No," attach	a lis	st (see instructions)
J W	ebsite:	► ww	w whitman edu	H(c)	Group exempt	ion r	number ►
K For	n of orga	anızatıon	Corporation	L Yea	ar of formation 18	59	M State of legal domicile
							WA
Pa	rt I	Sum	mary				
			escribe the organization's mission or most significant activities				
	<u> </u>	he miss	sion of Whitman College is to provide an excellent, well-rounded liberal a	rts and	I sciences unde	ergra	iduate education
<u>ခို</u>	-						
喜	_						
ē.	2 C	heck th	nis box দ if the organization discontinued its operations or disposed of	more t	han 25% of its	net	assets
9							
2 6	l		of voting members of the governing body (Part VI, line 1a)			3	
Activities & Governance	l		of independent voting members of the governing body (Part VI, line 1b)			4	
3	l		mber of individuals employed in calendar year 2014 (Part V, line 2a) .			5	<u>'</u>
a ब	l		mber of volunteers (estimate if necessary)			6	
	l		related business revenue from Part VIII, column (C), line 12			7a	<u>'</u>
	b N	et unre	lated business taxable income from Form 990-T, line 34			7b	
ā		C t	hotograph (Bart VIII has 4h)		Prior Year	002	Current Year
	9 Progra		butions and grants (Part VIII, line 1h)		16,682,	$\overline{}$	
Rayenue			tment income (Part VIII, line 2g)	78,137,6 71,850,7		_	79,568,5° 22,706,68
Æ	10 11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,731,		
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		2,731,	-	1,000,11
			<u> </u>		169,401,	406	118,712,99
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		23,502,		23,074,9
	14		ts paid to or for members (Part IX, column (A), line 4)			0	
ø	15	Saları	es, other compensation, employee benefits (Part IX, column (A), lines		44,144,	148	45,037,3
Expenses	16a	,	sional fundraising fees (Part IX, column (A), line 11e)			0	
<u>क</u>	ь		ndraising expenses (Part IX, column (D), line 25) •3,117,757				
Д	-						
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		28,639,	_	41,662,80
	18 19		expenses Add lines 13-17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12		96,285,	$\overline{}$	
	19	Reven	de less expenses Subtractime 10 nom me 12	_	73,115, inning of Curre	_	8,937,9
20 G				Deg	Year	"	End of Year
350 350	20	Total	assets (Part X, line 16)		719,036,	562	725,577,7
Net Assets or Fund Balances	21	Totall	liabilities (Part X, line 26)		100,457,	417	98,910,6
<u> 22</u>	22	Netas	ssets or fund balances Subtract line 21 from line 20		618,579,	145	626,667,1
Pai	rt II	Sign	ature Block				
my k	nowled	ge and i	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other the nowledge				
	. J. 1141	, 181	<u>-</u>				
		Cum	ature of officer		2016-05-12		
Sign					Date		
Here			r Harvey Treasurer & CFO or print name and title				
			Print/Type preparer's name Preparer's signature Da	te	Check If	PTIN	N
Paid	4				self-employed		
	a pareı		irm's name 🕨		Firm's EIN 🕨		
	Only		rm's address ▶		Phone no		
J36		,					
May	he IRS	discus	ss this return with the preparer shown above? (see instructions)				. 「Yes 「No

Form	990 (2014)					Page 2
Par			ice Accomplishment ponse or note to any line		II	
1	Briefly describe the or	ganızatıon's mıssıor	า			
The	mission of Whitman Coll	ege is to provide an	excellent, well-rounded	liberal arts an	d sciences undergraduate educ	ation
2			cant program services du			┌ Yes ┌ No
	If "Yes," describe thes	e new services on S	Schedule O			
3			make significant change	s in how it cor	nducts, any program	┌ Yes ┌ No
	If "Yes," describe thes	e changes on Sche	dule O			
4	expenses Section 501	(c)(3) and 501(c)(4		ired to report	ee largest program services, as the amount of grants and alloca	
4a	(Code) (Expenses \$	13,258,569 including	grants of \$) (Revenue \$	8,498,624)
	AUXILIARY ENTERPRISES	765 STUDENTS IN COLL	EGE-PROVIDED HOUSING, 709	STUDENTS IN C	COLLEGE-PROVIDED BOARD PLANS	
4b	(Code) (Expenses \$	51,376,590 including	grants of \$) (Revenue \$	71,069,948)
	ACADEMIC INSTRUCTION,	SUPPORT AND OTHER F	PROGRAMS 1,498 FULL TIME	EQUIVALENT STU	DENTS, 374 GRADUATES	
4c	(Code) (Expenses \$	23,074,951 including	grants of \$	23,074,951) (Revenue \$)
	INSTITUTIONAL FINANCIAL	. AID 1,190 STUDENTS R	RECEIVING INSTRUCTIONAL SO	CHOLARSHIPS, 53	33 STUDENTS RECEIVING FEDERAL LOA	ANS OR GRANTS
4d	Other program servic	es (Describe in Sch	edule O)			
	(Expenses \$	ınc	luding grants of \$) (Revenue \$)
4e	Total program service	expenses ►	87,710,110			
						Form 990 (2014)

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 $A^{\bullet \bullet}$	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? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
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
LO	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 $\sqrt[N]{2}$	10	Yes	
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes	
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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (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 \blacksquare	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
4-	Estantla number respected in Barr 2 of Farms 1000 Faton 0 of materialists 1 day 2 040		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 2,840 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			
	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	טכ		
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
ь	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	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
b	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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	O ther officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶OR, WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

- 19 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Walter Froese Controller

345 Boyer Ave Walla Walla, WA 99362 (509) 527-4936

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
c	Total from continuation sheets to Part VII, Section A	٠			
d	Total (add lines 1b and 1c)	٠	2,368,602	0	571,540

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►46

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
Bon Appetit P O BOX 417632 BOSTON, MA 02241	FOOD SERVICES	4,561,631
Leone & Keeble PO Box 2747 Spokane, WA 99220	CONSTRUCTION	2,725,585
Opp & Seibold 1220 West Poplar Walla Walla, WA 99362	CONSTRUCTION	329,057
Monticello Associates 1200 17th St Suite 2600 Denver, CO 80202	Consultant	250,000
Storbeck Pimentel & Associates 1400 N Providence Rd Media, PA 19063	Consultant	197,975
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 100

Part V	4 🛊 🛊 1	Statement o						
		Check If Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र ह	1a	Federated cam	paigns 1a					312-314
ran our	Ь	Membership du	es 1b					
وَ فِي	С	Fundraising eve	ents 1c					
iffs ar /	d	Related organiz	zations 1d					
9.⊞	e	Government grants	s (contributions) 1e	665,837				
S. S.	f	All other contribution	ons, gifts, grants, and 1f	14,672,477		ł		
Contributions, Giffs, Grants and Other Similar Amounts		sımılar amounts no	ot included above					
풀	g	Noncash contribute 1a-1f \$	ons included in lines	7,491,312				
a Co	h	h Total. Add lines 1a-1f		🛌	15,338,314			
				Business Code				
ÈШ	2a	Student Tuition & F	Fees	611310	68,662,906	68,662,906		
Program Serwce Revenue	ь	Housing & meal se	ervices	611310	8,498,624	8,498,624		
	С	Bookstore		451211	1,054,793	1,054,793		
₹	d	Other		900099	1,352,249	1,352,249		
9 E	e							
े ख	f	All other progra	am service revenue		0	0	0	0
ኟ	g	Total. Add lines	s 2a-2f	▶	79,568,572			
	3		ome (including dividen					
			aramounts)		6,274,483		-149,846	6,424,329
	4		stment of tax-exempt bond	proceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	2,613,363	(II) F ersonar				
	ь	Less rental	1,522,408					
	_c	expenses Rental income	1,090,955	0				
	_	or (loss)	me or (loss)		1,090,955			1,090,955
	d	Net rental inco	(i) Securities	(II) O ther	1,030,333			1,030,333
	7a	Gross amount from sales of assets other	102,344,216	(ii) o chei				
	ь	than inventory Less cost or other basis and sales expenses	85,912,013					
	c	Gain or (loss)	16,432,203	0				
	d		ss)		16,432,203			16,432,203
Other Revenue	8a		luding s reported on line 1c)					
æ		See Part IV, lin	ne 18 a					
her	b	Less direct ex	penses b					
ᅙ	c		(loss) from fundraising	events 🛌				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
			(loss) from gaming acti					
	10a	Gross sales of returns and allo		28,613				
	ь	Less cost of a	oods sold b	20,144				
			(loss) from sales of inv		8,469		8,469	
		Miscellaneous		Business Code				
	11a							
	ь							
	С							
	d	All other reven	ue		0	0	0	0
	e	Total. Add lines	s 11a-11d	•	0			
	12	Total revenue.	See Instructions .	🖊	118,712,996	79,568,572	-141,377	23,947,487

	Statement of Functional Expenses	other organizati	one must comp	lete column (A.)			
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX							
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			σ			
2	Grants and other assistance to domestic individuals See Part IV, line 22	22,009,813	22,009,813				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,065,138	1,065,138				
4	Benefits paid to or for members	1,003,130	1,003,130				
5	Compensation of current officers, directors, trustees, and key employees	1,535,840	497,004	763,928	274,908		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	109,128	109,128	,			
7	Other salaries and wages	32,443,564	27,250,833	3,674,004	1,518,727		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,706,625	2,339,579	235,516	131,530		
9	Other employee benefits	5,851,401	4,802,047	743,202	306,152		
10	Payroll taxes	2,390,760	1,962,016	303,657	125,087		
11	Fees for services (non-employees)	2,330,700	1,302,010	303,037	123,007		
 а	Management						
b	Legal	149,422	79,031	57,651	12,740		
c	Accounting	122,280	59,280	53,000	10,000		
d	Lobbying	8,603	33,200	8,603	10,000		
e	Professional fundraising services See Part IV, line 17	0,003		0,003			
f	Investment management fees	9,895,372		9,895,372			
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,044,836	10,290,414	460,908	293,514		
12	Advertising and promotion		, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,			
13	Office expenses						
14	Information technology	1,241,357	786,806	454,551			
15	Royalties	, ,	,	,			
16	Occupancy	2,194,773	2,085,034	98,765	10,974		
17	Travel	3,777,441	2,967,717	654,272	155,452		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,,	_,	11.1,21.2			
19	Conferences, conventions, and meetings						
20	Interest	2,082,073	1,977,970	93,693	10,410		
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	6,325,863	6,009,570	284,664	31,629		
23	Insurance	392,995	176,552	216,443			
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	Communications	1,381,370	1,082,111	83,643	215,616		
b	Supplies	4,081,450	3,195,101	865,331	21,018		
С	Paul Garrett Expenses	-212,969	-212,969				
d	21st Century Trust Expenses	-822,065	-822,065				
e	All other expenses	0	0	0	0		
25	Total functional expenses. Add lines 1 through 24e	109,775,070	87,710,110	18,947,203	3,117,757		
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)						

Part X Balance Sheet

	T X	Check if Schedule O contains a response or note to any line i	n this Part X	<u> </u>	<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>				
				(A) Beginning of year		(B) End of year				
	1	Cash-non-interest-bearing		860,499	1	959,017				
	2	Savings and temporary cash investments		28,352,183	2	10,906,909				
	3	Pledges and grants receivable, net		23,718,646	3	21,375,068				
	4	Accounts receivable, net		432,678	4	556,513				
	5	Loans and other receivables from current and former officers employees, and highest compensated employees Complete Schedule L	Part II of	, key	5	0				
Assets	6	Loans and other receivables from other disqualified persons $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedul	d contributing emplo employees' benefic	ection						
82	7	Notes and loans receivable, net			7					
ď	8	Inventories for sale or use		337,011	8	270,348				
	9	Prepaid expenses and deferred charges		293,602	9	485,857				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 212,5	·	-	400,007				
	ь	Less accumulated depreciation		50,150 142,746,600	100	140,616,449				
	11	Investments—publicly traded securities								
	12	Investments—other securities See Part IV, line 11	208,899,499		242,809,988					
	13	Investments—program-related See Part IV, line 11		3,040,614		2,973,298				
	14	· -		3,040,014	14	2,913,290				
		Intangible assets		1,329,360		1,416,942				
	15	Other assets See Part IV, line 11								
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		719,036,562	16	725,577,760				
	17	Accounts payable and accrued expenses		8,757,380		7,826,069				
	18	Grants payable		3,448,661		3,459,604				
	19	Deferred revenue		1,524,128		1,303,973				
	20	Tax-exempt bond liabilities		56,342,353	20	55,628,629				
S	21	Escrow or custodial account liability Complete Part IV of Sc			21					
Liabilitie	22	Loans and other payables to current and former officers, dire- key employees, highest compensated employees, and disqua	alıfıed							
<u> </u>		persons Complete Part II of Schedule L		0	$\overline{}$					
	23	Secured mortgages and notes payable to unrelated third part	667,116	23	251,932					
	24	Unsecured notes and loans payable to unrelated third parties			24					
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F	29,717,779	25	30,440,436					
	26	D	100,457,417	26	98,910,643					
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶		100,457,417	20	30,910,043				
Φ S		lines 27 through 29, and lines 33 and 34.	and complete							
Ë	27	Unrestricted net assets	247,694,157	27	252,855,125					
<u> </u>	28	Temporarily restricted net assets	211,214,769	28	202,611,530					
Fund Balance	29	Permanently restricted net assets	159,670,219		171,200,462					
Š		Organizations that do not follow SFAS 117 (ASC 958), check		,		,				
<u>.</u>		complete lines 30 through 34.	nere F una							
s or	30	Capital stock or trust principal, or current funds			30					
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31					
ASS	32	Retained earnings, endowment, accumulated income, or othe			32					
Net	33	Total net assets or fund balances		618,579,145	33	626,667,117				
Ź	34	Total liabilities and net assets/fund balances		719,036,562	34	725,577,760				
	12.	. 111. Napinalos ana nocassocojiana salances i i i i	<u> </u>	, 10,000,002	J7	.25,577,755				

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				.
1	Total revenue (must equal Part VIII, column (A), line 12)	1		118,7	12,996
2	Total expenses (must equal Part IX, column (A), line 25)	2		109.7	75,070
3	Revenue less expenses Subtract line 2 from line 1	3			37,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5		618,5	579,145
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-8	349,954
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			67,117
Par	t XII Financial Statements and Reporting				•
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed o	n 📄		
	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 sep basis, consolidated basis, or both	arate			_
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: 14000329 **Software Version:** 2014v1.0

EIN: 91-0567740

Name: Board of Trustees of Whitman College

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Z/1099-MISC) 2/1099-MISC) Former Highest compensated Officer Institutional Trustee		2/1033 11130/	related organizations			
(1) Bradley M McMurchie Chair	1 00	х		х				0	0	0
(1) Nancy B Serrurier	1 00	х		х				0	0	0
Vice Chair (2) Janice M Abraham	2 00	х						0	0	0
Trustee (3) Megan Ferguson Clubb	1 00	х						0	0	0
Trustee (4) John C Coleman	1 00	Х						0	0	0
Trustee (5) Ryan C Crocker	1 00	х						0	0	0
Trustee (6) Joseph C Davis	1 00	х						0	0	0
Trustee (7) Richard Fade	1 00	x						0	0	0
Trustee (8) Barbara S Feigin	2 00	x						0	0	0
Trustee (9) Karen E Glover	1 00									
Trustee (10) Stephen E Hammond	1 00	X						0	0	0
Trustee (11) Walter C Minnick	1 00	Х						0	0	0
Trustee (12) James R Moore	1 00	Х						0	0	0
Trustee (13) Dean Allen Nichols	1 00	Х						0	0	0
Trustee		х						0	0	0
(14) David Nierenberg Trustee	1 00	х						0	0	0
(15) John W Stanton Trustee	1 00	х						0	0	0
(16) Denise Tabbutt Trustee	1 00	х						0	0	0
(17) Peter H van Oppen Trustee	1 00	х						0	0	0
(18) Sarah O Wang Trustee	1 00	х						0	0	0
(19) William G Way	1 00	х						0	0	0
Trustee (20) George S Bridges	40 00			Х				372,596	0	165,708
President (21) Peter Harvey	40 00			Х				220,336	0	48,085
CFO/Treasurer (22) John W Bogley	40 00				х			209,663	0	86,200
VP for Development (23) Charles E Cleveland	40 00				Х			171,640	0	32,433
Dean of Students (24) Timothy V Kaufman-Osborn	40 00				×			186,056	0	51,885
Provost & Dean of the Faculty								100,036	<u> </u>	31,003

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

compensated Employees, and inde	penaent cor								1	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne bo	ox, u an of	nless ficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	for related organizations below	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(26) Dan M Terrio Chief Information Officer	40 00				x			157,638	0	25,037
(1) Robert J Carson Faculty	40 00					х		159,354	0	25,281
(2) Roberta Davidson Faculty	40 00					х		388,348	0	34,591
(3) Patrick Keef Faculty	40 00					х		160,406	0	23,911
(4) David F Schmitz Faculty	40 00					х		179,299	0	54,035
(5) Paul H Yancey Faculty	40 00					х		163,266	0	24,374

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OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2011A

Open to Public Inspection

		e organization					Employer identification	ation number		
board	or trus	tees of Whitman College					91-0567740			
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mnlete this r		nns		
		zation is not a private f						71101		
1	Ť	A church, convention		· ·	= :	•	•			
2	, _	A school described in	•				-,(-,(-,			
3	<u>'</u>	A hospital or a cooper				tion 170(b)(1)	(A)(iii)			
	<u>'</u>			_				N Entautha		
4	ı	A medical research or hospital's name, city,		erated in Conjunction v	with a nospital o	iescribed in se c). Enter the		
5	\vdash	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in		
	,	section 170(b)(1)(A)				, , , , , , , , , , , , , , , , , , , ,	- g			
6	Г	A federal, state, or loc			described in se	ection 170(b)(1	1)(A)(v)			
7	, V	An organization that n						annoral nublic		
•	1*	described in section 1				oni a governine	ental unit of from the g	Jeneral public		
8	Γ	A community trust de				tII)				
9	Г	An organization that n					butions, membership	fees, and gross		
		receipts from activitie								
		its support from gross								
		acquired by the organ								
10	г	An organization organ								
11	, _	An organization organ	•	·	•	· ·		out the nurnoses of		
	'	one or more publicly s								
		the box in lines 11a th								
а	Γ	Type I. A supporting of			•					
		supported organizatio				ty of the direct	ors or trustees of the	supporting		
ь	г	organization You mus Type II. A supporting				with its suppo	rtod organization(c)	ay haying control or		
U	'		_	•		• •	• • • • • • • • • • • • • • • • • • • •	•		
		must complete Part I		anization vested in the same persons that control or manage the supported organization(s) You A and C.						
c	Γ	Type III functionally			n operated in c	onnection with	, and functionally inte	grated with, its		
	_	supported organizatio								
d	ı	Type III non-function								
		not functionally integr (see instructions) Yo					ement and an attentiv	eness requirement		
e	Г	Check this box if the					s a Type I. Type II. T	vpe III functionally		
	,	integrated, or Type II					, , , , , , , , .	,,, ,		
f		Enter the number of s	upported orgai	nizations						
g		Provide the following i	nformation ab	out the supported orga	anızatıon(s)					
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of		
		organızatıon		organization	listed in your	governing	monetary support	other support (see		
				(described on lines 1-9 above or IRC	docume	ent?	(see instructions)	ınstructions)		
				section (see						
instructions))										
				,,	Yes	No				
										

supported organization

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 14,733,289 14,244,542 14,383,938 15,953,236 14,672,977 73,987,982 not include any "unusual grants ") 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 14,733,289 14,244,542 14,383,938 15,953,236 14,672,977 73,987,982 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 12,287,408 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 61,700,574 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (e) 2014 (d) 2013 (f) Total beginning in) 🟲 14,733,289 14,244,542 15,953,236 14,672,977 Amounts from line 4 14,383,938 73,987,982 Gross income from interest, dividends, payments received on securities loans, rents, royalties 4,217,339 4,046,603 5,059,830 2,873,362 8,840,846 25,037,980 and income from similar sources Net income from unrelated business activities, whether or 859,349 0 859,349 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 0 capital assets (Explain in Part VI) 11 Total support Add lines 7 99,885,311 through 10 12 Gross receipts from related activities, etc (see instructions) 372,116,946 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 14 61 77 % Public support percentage for 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part I, Line 2 Schedule A, Part I, Line 2	Whitman College also qualifies for public charity status as a school described in section $170(b)(1)(A)$
, ,	DESCRIPTION - OTHER, COLUMN A - 0 0, COLUMN B - 0 0, COLUMN C - 0 0, COLUMN D - 0 0, COLUMN E - 0 0, COLUMN F - 0 0,

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493133054936

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Political Campaign and Lobbying Activities

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Board of Trustees of Whitman College 91-0567740 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2014

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2014					Page 2
P	cart II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and fi	led Form 5768	
	Check ► If the filing organization belongs to a		list in Part IV ea	ich affiliated gr	oup member's nam	e, address, EIN,
В	expenses, and share of excess lobb		ol" provisions apr	olv		
	Limits on Lobbying E (The term "expenditures" means an	Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	obying)			
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er -0-				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 rep	oorting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not uctions for li	have to co nes 2a thro	ugh 2f.)	he five
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

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

	•	ection under section 501(n)).	(a	1)		(b)	
For e activ		In below, provide in Part IV a detailed description of the lobbying	Yes	No	А	mour	nt
1		zation attempt to influence foreign, national, state or local influence public opinion on a legislative matter or referendum,					
а	Volunteers?			Νo			
b	Paid staff or management (include co	ompensation in expenses reported on lines 1c through 1i)?		No			
С	Media advertisements?			Νo			
d	Mailings to members, legislators, or	the public?		Νo			
е	Publications, or published or broadca	ast statements?		Νo			
f	Grants to other organizations for lob	bying purposes?	Yes				4,479
g	Direct contact with legislators, their	staffs, government officials, or a legislative body?	Yes				4,124
h	Rallies, demonstrations, seminars, c	onventions, speeches, lectures, or any similar means?		No			
i	O ther activities?			Νo			
j	Total Add lines 1c through 1i						8,603
2a	Did the activities in line 1 cause the	organization to be not described in section 501(c)(3)?	1	No			
ь	If "Yes," enter the amount of any tax						
С		ncurred by organization managers under section 4912					
d		ection 4912 tax, did it file Form 4720 for this year?	I				
Par		nization is exempt under section 501(c)(4), section	501(c))(5), o	r se	ectio	n
	\ - / \ - / -				\Box	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1		
2	Did the organization make only in-ho	ouse lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry o	ver lobbying and political expenditures from the prior year?			3		
Par		nization is exempt under section 501(c)(4), section ter (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."					
1	Dues, assessments and similar amo		1				
2	Section 162(e) nondeductible lobby expenses for which the section 527(ing and political expenditures (do not include amounts of political f) tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
С	Total		2c				
3		on 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4		on line 2c exceeds the amount on line 3, what portion of the excess					
	does the organization agree to carry political expenditure next year?	over to the reasonable estimate of nondeductible lobbying and	4				
5	Taxable amount of lobbying and polit	tical expenditures (see instructions)	5				
	art IV Supplemental Inform		1 3 1				
	• •						
		t l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated groi Also, complete this part for any additional information	up list),	Part II	-A, II	nes 1	and
	Return Reference	Explanation					
DET	AILED DESCRIPTION OF THE eff	,479 is the amount of dues paid to the Independent Colleges of Wasl orts by ICW The costs for the President's time and travel for meeting pislators was \$4,124					ing

Part IV Supplemental Inf	ormation (continued)
Return Reference	Explanation
·	_

Schedule C (Form 990 or 990EZ) 2014

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

DLN: 93493133054936

OMB No 1545-0047

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.

Supplemental Financial Statements

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

	e of the organization I of Trustees of Whitman College		Emp	loyer identifi	cation numb	er
				0567740		
ar ²	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Account	ts. Comple	ete if the
	organization unswered Tes to Form 550	(a) Donor advised funds		(b) Funds and	d other acco	unts
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor advi	sed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				┌ Yes	┌ No
	Conservation Easements. Complete if	the organization answered "Yes" i	to Forn	n 990, Part i	IV, line 7.	
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	d historic stru	ıcture	
	easement on the last day of the tax year			11-14 -4 41	- F1 -6 Ab-	
	Total number of conservation easements		2a	Heid at tr	ne End of the	e Year
	Total acreage restricted by conservation easements		2a 2b			
	Number of conservation easements on a certified histo	oric structure included in (a)	2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register	, ,	2d			
	Number of conservation easements modified, transferr	and released extinguished or terminat	od by th	o organizatio	n during	
	Number of states where property subject to conservate Does the organization have a written policy regarding tenforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspe	the periodic monitoring, inspection, han			☐ Yes	┌ No
	A mount of expenses incurred in monitoring, inspecting \$ \	, and enforcing conservation easement	s durin	g the year		
	Does each conservation easement reported on line 2(or and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemed	e footnote to the organization's financia nts	l stater	nents that de	scribes	
T.	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similai	r Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or rese	arch in furthe		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	ent and balar		olic
	(i) Revenue included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$	1,8	54,257
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			· ·		
	Revenue included in Form 990, Part VIII, line 1			► \$		0
	Assets included in Form 990, Part X					
	A 3 3 ELS INCIDUEU III FUIII 9 3 U, Fall A			- →		•

Par	t IIII Organizations Maintaining Co	llections of Art,	Historic	al Treas	ures, or Oth	<u>ner Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check a	ny of the fo	llowing that are	e a significant us	e of its
а	Public exhibition		d $ egin{array}{c c c c c c c c c c c c c c c c c c c $	Loan or ex	change prograi	ns	
b	Scholarly research		е Г	Other			
С	▼ Preservation for future generations						
4	Provide a description of the organization's c Part XIII	ollections and explain	how they	further the	organization's	exempt purpose	ın
5	During the year, did the organization solicit					ımılar	
	assets to be sold to raise funds rather than					Week to Ferre	Yes V No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar				on answered	Yes to Form	990,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				or other asset	s not	┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing ta	ble			
						Aı	mount
С	Beginning balance				1	с	
d	Additions during the year				10	d	
е	Distributions during the year				10	e	
f	Ending balance				1	f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or cus	todial account	liability?	┌ Yes
b	If "Yes," explain the arrangement in Part XI	II Check here if the e	xplanatio	n has been	provided in Pa	rt XIII	
Pa	rt V Endowment Funds. Complete				-		
		(a)Current year	(b) Prior ye			d) Three years back	(e)Four years back
1a	Beginning of year balance	477,132,462	414,54	· .	373,745,231	374,507,651	313,738,73
b	Contributions	14,097,456	7,29	06,996	9,015,129	7,129,763	9,042,964
С	Net investment earnings, gains, and losses	14,324,273	73,82	23,357	49,256,080	8,565,779	66,900,952
d	Grants or scholarships	8,160,101	7,63	86,808	7,310,481	7,008,868	6,541,01
e	Other expenditures for facilities and programs	11,877,583	10,89	3,190	10,163,852	9,449,094	8,633,985
f	Administrative expenses	0		0	0	0	(
g	End of year balance	485,516,507	477,13	32,462	414,542,107	373,745,231	374,507,65
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g,	column (a)) held as		
а	Board designated or quasi-endowment ►	31 %					
b	Permanent endowment ► 33 %						
c	Temporarily restricted endowment ► 3 The percentages in lines 2a, 2b, and 2c sho	6 % uld equal 100%					
За	Are there endowment funds not in the posse	ssion of the organizat	ıon that aı	e held and	administered f	or the	
	organization by						Yes No
	(i) unrelated organizations					3a	
ь	(ii) related organizations					· · · · · · · · · · · · · · · · · · ·	(ii) No
		·				3	<u> </u>
4	Describe in Part XIII the intended uses of t						
4 Par	Describe in Part XIII the intended uses of t				swered 'Yes'	to Form 990. P	art IV. line
	Tt VI Land, Buildings, and Equipment 11a. See Form 990, Part X, line	ent. Complete if th			swered 'Yes'	to Form 990, P	art IV, line
	t VI Land, Buildings, and Equipme	ent. Complete if th	e organi		(b)Cost or othe	<u> </u>	
Par	Land, Buildings, and Equipment 11a. See Form 990, Part X, line	ent. Complete if th	e organi	zation ans	(b)Cost or other basis (other)	(c) Accumulated depreciation	
Par 1a	11a. See Form 990, Part X, line Description of property	ent. Complete if th	e organi	cost or other (investment)	(b)Cost or other basis (other)	cr (c) Accumulated depreciation	(d) Book value
Par 1a b	Land, Buildings, and Equipme 11a. See Form 990, Part X, line Description of property	ent. Complete if th	e organi	cost or other (investment)	(b)Cost or other basis (other)	cr (c) Accumulated depreciation	(d) Book value
Par 1a b	Land, Buildings, and Equipmental 11a. See Form 990, Part X, line Description of property Land	ent. Complete if th	e organi	cost or other (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation 80 68,753,59	17,934,301 118,738,294
Par 1a b c	Land, Buildings, and Equipmenta. See Form 990, Part X, line Description of property Land	ent. Complete if th	e organi	cost or other (investment)	(b)Cost or other basis (other) 6,704,5 178,581,0	(c) Accumulated depreciation 80 68,753,59 54 3,206,55	17,934,301 118,738,294

Part VII Investments—Other Securities. Comp	plete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(A) Commingled Trusts	37,226,224	F
(B) Investment Shares Belonging to Related Entities	-4,971,345	F
(C) Alternative Investments	270,952,492	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Con	303,207,371	answered 'Yes' to Form 990 Part IV line 11c
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. Complete if the organization	ı answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip	tion	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	
Part X Other Liabilities. Complete if the organ		·
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Federal income taxes	. ,	
Post Retirement Benefit Obligation	5,393,709	
Split interest agreements	9,052,504	
Interest rate exchange agreements	12,820,000	
Med/Dental insurance terminal liability	958,398	
Deferred Compensation	1,416,942	
Asset retirement obligation Salary Continuation Plan	798,883	
,		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	30,440,436	
Coramin (b) mast equal rount 330, Fait A, Cor (b) line 23)	30,440,436	

Par		Revenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		ts With Revenue p	er Re	sturn Complete if	
1		er support per audited financial statements			1		
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses)	on investments	2a				
b	Donated services and use of	facilities	2b		1		
С	Recoveries of prior year grant	ts	2c		1		
d	Other (Describe in Part XIII)	2d		1		
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1 .				3		
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1					
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII)	4b		1		
c	Add lines 4a and 4b				4c		
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line	12)		5		
Part		expenses per Audited Financial Sta		nts With Expenses	per	Return. Complete	
1		nswered 'Yes' to Form 990, Part IV, line er audited financial statements			1	T	
2		ut not on Form 990, Part IX, line 25					
- а		facilities	2a				
b			2b		1		
c			2c		1		
d)	2d		1		
e					2e		
3	-				3	 	
4		90, Part IX, line 25, but not on line 1:					
a		luded on Form 990, Part VIII, line 7b	4a				
b)	4b		1		
c					4c		
5		ınd 4c. (This must equal Form 990, Part I, lin			5		
	XIII Supplemental In	· · · · · · · · · · · · · · · · · · ·	e 10)				
Prov Part	de the descriptions required fo	r Part II, lines 3, 5, and 9, Part III, lines 1a I, lines 2d and 4b, and Part XII, lines 2d and				e any additional	
	Return Reference	Explanation					
	ule D, Part III, Line 4 tions of art - description of tions	The College has collections of works of art studies and the faculty in their research	and ra	re books that are utilize	d by th	e students in their	
	ule D, Part V, Lıne 4 Intended f endowment funds		Endowment funds are used solely to support the mission of Whitman College for costs such as financial aid to students, faculty salaries and to support the library				
	ule D, Part X, Line 2 FIN 48 740) footnote	Management believes they have no uncert- income tax for Whitman College and Paul G federal tax returns (Forms 990 and 990-T Internal Revenue Service up to three years	Garrett ') filed b	Whitman Foundation, if y the College are subje	any, is ct to e	ımmaterıal The xamınatıon by the	
		+					

Jenedale 2 (1 31111 33 3) 23 13		1 age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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As Filed Data -

DLN: 93493133054936

Employer identification number

OMB No 1545-0047

SCHEDULE E

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ard	of Trustees of Whitman College	4.0		
Pa	91-056774	+0	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, other governing instrument, or in a resolution of its governing body?	bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media the period of solicitation for students, or during the registration period if it has no solicitation program, in a victor 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	vay	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	n Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminal basis?	4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
C	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	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			
а	Students' rights or privileges?	5a		Νo
Ŀ	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	<u>5d</u>		No
€	e Educational policies?	5e		Νo
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
ŀ	• Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through	4 0 5		No
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II	7	ا عملا ا	i

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	The College makes its policy of non-discrimination known through the College website, the annual catalog, and other materials. Additionally, the College places an advertisement which describes its policy in a regional newspaper each year.
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	The College receives funds from the Department of Education in the form of grants and loans to be given out to Whitman students. The College also receives funds from other federal agencies in the form of grants for research equipment, study, or other efforts as stipulated in each individual grant.

Schedule E (Form 990 or 990-EZ) (2014)

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As Filed Data -

DLN: 93493133054936

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

► Attach to Form 990.

Internal Revenue Service

Name of the organization

Board of Trustees of Whitman College

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

91-0567740

				71 0307710					
Part I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered				
For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
	For grantmakers. Describe in Part \vee the organization's procedures for monitoring the use of its grants and other assistance outside the United States.								
3 Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace 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				
(1) See Add'l Data									
(2)									
(3)									
(4)									
(5)									
3a Sub-total	0	0			3,889,086				
b Total from continuation sheets to Part I	0	0			226,406,226				
c Totals (add lines 3a and 3b)	0	0			230,295,312				

Schedule F (Form 990) 2014

Pa				i zations or Entitie ived more than \$5,0		•	9		to Form 990,
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

Schedule F (Form 990) 2014 Page 3 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 (b) Region (d) Amount of (e) Manner of cash (g) Description (c) Number of (f) A mount of (h) Method of recipients assistance cash grant disbursement non-cash of non-cash valuation assistance assistance (book, FMV, appraisal, other) (1) STUDENT FINANCIAL East Asia and the 18 71,610 Wire Transfer or Check AID Pacific (2) STUDENT FINANCIAL 783.738 Wire transfer or check Europe (Including 111 AID Iceland and Greenland) (3) STUDENT FINANCIAL North America 2 16,725 Wire transfer or check AID (Canada & Mexico only) (4) STUDENT FINANCIAL South America 48,135 Wire transfer or check 11 AID (5) STUDENT FINANCIAL South Asia 3 11,500 Wire transfer or check AID (6) STUDENT FINANCIAL Sub-Saharan Africa 59,035 Wire transfer or check 8 AID (7) STUDENT FINANCIAL Central America and 10 74,395 Wire transfer or check AID the Carıbbean (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Part IV Foreign Forms

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)	দ	Yes	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, 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 Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	্ব	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	ঘ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	⊳	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	ঘ	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ব	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	The grantmaking activities shown in parts I and III involve College financial aid funds de livered to enrolled students' individual accounts. The aid is to help defray the cost of c ertain study programs taking place in foreign countries. All such programs are closely vet ted by the College to ensure the recipients are of high academic quality and financially s table. Any aid delivered to such students is governed by the processes outlined in Schedul e E.

990 Schedule F, Supplemental Information

Return Reference	Explanation		
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	The grantmaking activities shown in parts I and III involve College financial aid funds de livered to enrolled students' individual accounts. The aid is to help defray the cost of c ertain study programs taking place in foreign countries. All such programs are closely vet ted by the College to ensure the recipients are of high academic quality and financially s table. Any aid delivered to such students is governed by the processes outlined in Schedul e.E.		

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 91-0567740

Name: Board of Trustees of Whitman College

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	
Central America and the Caribbean	0	0		FACULTY STAFF CONFERENCES AND RESEARCH	38,840
East Asia and the Pacific	0	0	Grantmakıng	STUDENT FINANCIAL AID	71,610
Europe (Including Iceland and Greenland)	0	0	Grantmakıng	STUDENT FINANCIAL AID	783,738

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
North America (Canada & Mexico only)	0	0	Grantmakıng	STUDENT FINANCIAL AID	16,725	
South America	0	0	1	STUDENT FINANCIAL AID	48,135	
South Asia	0	0	Grantmakıng	STUDENT FINANCIAL AID	11,500	

Form 990 Schedule F	<u>Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmakıng	STUDENT FINANCIAL AID	74,395
East Asia and the Pacific	0	0		FACULTY AND STAFF CONFERENCES AND RESEARCH	82,521
East Asia and the Pacific	0	0	Program Services	OFF CAMPUS STUDIES	333,573

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
Europe (Including Iceland and Greenland)	0	0		FACULTY AND STAFF CONFERENCESL AND RESEARCH	91,669	
Middle East and North Africa	0	0		FACULTY AND STAFF CONFERENCES AND RESEARCH	5,794	
South America	0	0	Program Services	OFF CAMPUS STUDIES	209,405	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
South Asia	0	0	Program Services	OFF CAMPUS STUDIES	65,000	
North America (Canada & Mexico only)	0	0	Program Services	Off Campus Studies	22,932	
Central America and the Caribbean	0	0	Program Services	OFF CAMPUS STUDIES	200,332	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
Europe (Including Iceland and Greenland)	0	0	Program Services	Off Campus Studies	1,832,917	
Middle East and North Africa	0	0	Program Services	Off Campus Studies	17,750	
North America (Canada & Mexico only)	0	0	Program Services	FACULTY AND STAFF CONFERENCES AND RESEARCH	50,689	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
South America	0	0	Program Services	FACULTY AND STAFF CONFERENCES AND RESEARCH	8,027	
East Asia and the Pacific	0	0	Program Services	FACULTY AND STAFF CONFERENCES AND RESEARCH	82,521	
Sub-Saharan Africa	0	0	Program Services	FACULTY AND STAFF CONFERENCES AND RESEARCH	5,127	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region	
Central America and the Caribbean	0	0	Investments		222,347,937	
Europe (Including Iceland and Greenland)	0	0	Investments		3,688,000	
Sub-Saharan Africa	0	0	Grantmakıng	STUDENT FINANCIAL AID	59,035	

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
Sub-Saharan Africa	0	0	Program Services	OFF CAMPUS STUDIES	147,140		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493133054936 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Board of Trustees of Whitman College 91-0567740 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) INSTITUTIO NAL FINANCIAL AID	1190	22,009,813			

Part IV Supplemental I	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	The College awards scholarships using established policies on the basis of both need and scholarship merit. Awards to students with need are based on the students' financial information contained in the financial aid profile filed with the college scholarship services and the free application for financial aid filed with the federal processor. All aid is objectively determined and awarded on an equal basis to recipients with similar attributes.
Schedule I , Part I , Line 2 Procedures for monitoring use of grant funds	The College awards scholarships using established policies on the basis of both need and scholarship merit. Awards to students with need are based on the students' financial information contained in the financial aid profile filed with the college scholarship services and the free application for financial aid filed with the federal processor. All aid is objectively determined and awarded on an equal basis to recipients with similar attributes.

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DLN: 93493133054936

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization Board of Trustees of Whitman College **Employer identification number**

91-0567740

Pa	rt I Questions Regarding Compensation		·			
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	⊽	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org			1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec				V	
	and colors, tradiceds, officers, mendaning the GEO/Exec	ucive D	in certain, regarding the realist effected in line 14	2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensa	at appl	y Do not check any boxes for methods			
	Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	Γ	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		No
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
	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 A, compensation contingent on the net earnings of	lıne 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 A, payments not described in lines 5 and 6? If "Yes," do			7		No
8	Were any amounts reported in Form 990, Part VII, pa	aid or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference	Explanation
• • •	When the spouses of key employees accompany them on College-related business trips at the request of the College, the incremental travel costs are included in the employee's taxable income
	When the spouses of key employees accompany them on College-related business trips at the request of the College, the incremental travel costs are included in the employee's taxable income. These payments are grossed up so there is no negative tax effect on the employee.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	The College President is required, as a condition of employment and for the convenience of the College, to maintain his (her) personal residence in a house provided by the College. This house is located on the edge of the campus and the provision of such is not considered taxable compensation.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	The College President and the Vice President of Development are provided memberships in social clubs by the College. The amounts paid for dues are included in their W-2's as taxable compensation.
Schedule J, Part I, Line 1a Personal services	The President's personal residence (owned by the College) is provided cleaning services and yard care by the College This is not considered taxable compensation
plan	The College President participated in a 457(f) plan during the year. The College made payments of \$46,640 to the plan for the 2014 calendar year. Provided that he remains actively employed with the College, the account becomes fully vested on the earlier of (a) his specified distribution date (b) the date on which he separates from service involuntarily without cause (c) his disability or (d) his death. Benefits are distributed over a period of years not exceeding the life expectancy of Dr. Bridges and his beneficiaries as he shall designate at least twelve months prior to the specified distribution date.

Schedule J (Form 990) 2014

Additional Data

(A) Name and Title

Software ID: 14000329

Software Version: 2014v1.0

EIN: 91-0567740

Name: Board of Trustees of Whitman College

(C) Retirement and

(D) Nontaxable

(E) Total of columns

(F) Compensation in

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(B) Breakdown of W-2 and/or 1099-MISC compensation

, ,	Со	(i) Base ompensation	(ii) Bonus & incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
George S Bridges President	(I) (II)	336,326 0	0	36,270 0	90,140	75,568 0	538,304 0	0 0
Peter Harvey CFO/Treasurer	(I) (II)	220,336 0	0	0 0	37,820 0	10,265 0	268,421 0	0
John W Bogley VP for Development	(I) (II)	207,092	0	2,571 0	21,485 0	64,715 0	295,863 0	0
Charles E Cleveland Dean of Students	(I) (II)	171,640 0	0	0 0	17,475 0	14,958 0	204,073 0	0
Timothy V Kaufman-Osborn Provost & Dean of the Faculty	(I) (II)	186,056 0	0	0	35,037 0	16,848 0	237,941 0	0
Dan M Terrio Chief Information Officer	(I) (II)	157,638 0	0	0	15,955 0	9,082 0	182,675 0	0
Robert J Carson Faculty	(I) (II)	159,354 0	0	0 0	15,968 0	9,313 0	184,635 0	0
Roberta Davidson Faculty	(I) (II)	37,708 0	0	350,640 0	26,000 0	8,591 0	422,939 0	0
Patrick Keef Faculty	(I) (II)	160,406 0	0	0 0	16,046 0	7,865 0	184,317 0	0
David F Schmitz Faculty	(I) (II)	179,299 0	0	0	18,255 0	35,780 0	233,334 0	0
Paul H Yancey Faculty	(I) (II)	163,266	0 0	0	15,229 0	9,145 0	187,640 0	0

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DLN: 93493133054936

2014

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

Department of the Treasury ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Open to Public **Inspection**

	rnai Revenue Service												тигрес		
	ne of the organization ard of Trustees of Whitman Colleg	ıe									•		ation num	ber	
										91	-05677	40			
Pa	art I Bond Issues	T	· · · · · · · · · · · · · · · · · · ·	T	I <u></u>		1			1					<u> </u>
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(1	(f) Descriptio	n of purpose	(g) De	feased	beha	On alf of uer		Pool ncing
										Yes	No	Yes	_	Yes	No
A	Washington Higher Education Facilities Authority	91-1306482	939781VM9	11-23-2004	28,7	70,000	Refu 199	und A Bond Is 99	sue from		X		X		X
В	Washington Higher Education Facilities Authority	91-1306482	939781A34	06-10-2008	30,39	95,000	Facı	ılıtıes Constru	uction		Х		Х		Х
Pa	art III Proceeds						1								
						4		В		<u> </u>	С			D	
1_	Amount of bonds retired						0		740,000						
2	Amount of bonds legally defea	ısed					0		0						
3	Total proceeds of issue					28,770,	,000) 3	30,395,000						
4	Gross proceeds in reserve fun	ıds					0		0						
5	Capitalized interest from proc	eeds					0		0	<u> </u>					
6	Proceeds in refunding escrows	S					0		0						
7	Issuance costs from proceeds	S				232,	,781		282,842						
8	Credit enhancement from proc	ceeds					0		0						
9	Working capital expenditures	from proceeds					0		0						
10	Capital expenditures from pro	ceeds					0	3	30,000,000						
11	Other spent proceeds					28,442,	,263	3	0						
12	Other unspent proceeds						0		0						
13	Year of substantial completion	n			20	04		201	10						
					Yes	No)	Yes	No	Yes	N	lo	Yes		No
14	Were the bonds issued as part	t of a current refund	ing issue?			Х			х						
15	Were the bonds issued as part	t of an advance refu	nding issue?		Х				Х						
16	Has the final allocation of pro	ceeds been made?			Х			Х							
17	Does the organization maintai allocation of proceeds?	ın adequate books a	nd records to supp	ort the final	х			х							
Pa	rt IIII Private Business U	Jse													
						A		В			C			D	
_	Was the organization a partne	or in a nartharchin a	ra mambar of an Li	I C which owned	Yes	No	•	Yes	No	Yes	N	lo	Yes	$+\!\!\!-$	No
1	Was the organization a partne property financed by tax-exen		a member of all Ll	LC, WITCH OWITED					X						

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

financed property?

Χ

Sche	dule K (Form 990) 2014									Page 2
Par	Private Business Use (Continued)									•
			Ą		E	3		c		D
		ļ	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?					×				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-				Х				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance									
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, anothe 501(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					
8a	Has there been a sale or disposition of any of the bond-financed property t nongovernmental person other than a 501(c)(3) organization since the bor issued?					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?				Х					
Par	t IV Arbitrage		<u>'</u>						-1	•
		А			В		С		D	
		Yes	No	Yes	No	Ye	es	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Х		×						
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?									
	If "Yes" to 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						
b	Name of provider	JP Morgan		BNY Mellor	ו					
С	Term of hedge		25000		30	0				
d	Was the hedge superintegrated?		Х	Х						
е	Was the hedge terminated?		Х		Х					
		•	•	•		•				

- (-)	Arbitrage (Continued)								
		А		В		С		D	
		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			AIG Matching	g Fund				
С	Term of GIC				3 1				
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		x				
7	Has the organization established written procedures to monitor the requirements of section 148?	×		Х					

Part V Procedures To Undertake Corrective Action

	Α		В		С		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2014

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions with Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

►Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493133054936

2014

Open to Public Inspection

Employer identification number

								9					
					501(c)(3), section 5 on Form 990, Part IV							40b	
	ne of disquali				nıp between disqualifi		(c) Desc					(d) Cori	rected
_	·	•			and organization		. ,	•			F	Yes	No
! Enter the a	amount of ta	x ıncurı	ed by organ	ızatıon ma	anagers or disqualifie	d pers	ons during t	he year	runde	rsection	ı		
4958 .										F \$			
Enter the	amount of ta:	x.ıfanv	on line 2.	above, rei	mbursed by the orga	nizatio	n			▶ \$			
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rt II													
	nd/or Fro	m Int	erested P	Persons									
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oans to an	e organizatio	on answ	ered "Yes"	on Form 9	90-EZ, Part V, line 3	8a, or	Form 990, I	Part IV	, line 2	26, or ıf	the org	anızatıor	า
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coans to and complete of the eported an arman and arman and arman and arman and arman arman and arman and arman arman and arman ar	e organization on For	on answ m 990, onship	ered "Yes" Part X, line	on Form 9 5, 6, or 2 (d) Loar	190-EZ, Part V, line 3 2 n to (e) 0 ri	gınal	(f) Balance	(g)	In	(h))	(i)Wrı	tten
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Complete if the organization	_		e 28a. 28b. or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	: zation's
				Yes	No
(1) PATRICIA SORENSON	FAMILY MEMBER OF CHARLES CLEVELAND, KEY EMPLOYEE	45,786	COMPENSATION		No
(2) KARI TUPPER	FAMILY MEMBER OF GEORGE BRIDGES, OFFICER	63,342	COMPENSATION		No

Part V	Supplemental	Information

Provide additional information for responses to questions on Schedule L (see instructions)

ı	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493133054936

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

► Attach to Form 990.

Internal Revenue Service Name of the organization

Board of Trustees of Whitman College

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number**

91-0567740

Pa	rt I Types of Property			•				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of a noncash contri		_	nts
1	Art—Works of art	Х	5		Market value			
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications	Х			Market value			
5	Clothing and household goods	Х			Cost			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	95	7,491,312	Market value			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	Х	1		Market value			
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other► (Х	4		Market value			
	ical instruments, travel vouchers and y terminated gift annuity)							
	, , ,							
	O ther ►() O ther ►()							
	Other • ()							
	Number of Forms 8283 received by th	e organizat	ion during the tax year for	contributions				
	for which the organization completed F				9			1
					•		Yes	No
30a	During the year, did the organization i	receive by	contribution any property r	eported in Part I, lines 1	through 28, that			
	ıt must hold for at least three years fr	om the date	e of the initial contribution,	, and which is not required	l to be used			
	for exempt purposes for the entire hol	ding period	٠			30a		Νo
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	olicit, process, or sell noi	ncash • • •	32a		Νo
h	If "Yes," describe in Part II					<u> </u>		110
33 33	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	is checked			
	describe in Part II	unic iii uc	(5) 4 ., pc or prop	and the second containing (a)				
						l		

contributions

	nether the organization is reporting in Part I, column (b), the number of contributions, the served, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
	Art - Works of art number of items Books and publications number of contributions Clothing and household goods number of items Collectibles number of items Securities - Publicly traded number

of contributions Other combination of both

Schedule M (Form 990) (2014)

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (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 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Board of Trustees of Whitman College **Employer identification number** 91-0567740

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	JOHN COLEMAN AND WILLIAM WAY - Family relationship, JOHN STANTON AND PETER VAN OPPEN - Business relationship
Form 990, Part VI, Line 11b Review of form 990 by governing body	An electronic draft copy is provided to the Audit Committee via the Whitman College websit e The Committee discusses and provides input to management. The Committee next accepts th e Form 990 and it is made available to the Board of Trustees for review. After the Trustee s have provided their input and all questions are resolved, the Form 990 is filed with the IRS
Form 990, Part VI, Line 12c Conflict of interest policy	Trustees, officers, and key employees are given a questionnaire annually. The questionnair e includes the College's conflict of interest policy and asks each individual about the ex istence of conflicts of interest, as well as other payments or situations which could be construed to present a conflict. If an individual answers any question in the affirmative, they are asked to describe the situation in their response. If there are any concerns relative to any one individual's response, management follows up to discuss how best to deal with any identified situations. Management verifies all identified individuals have responded. All the responses are retained in accordance with the College's file retention policy. Trustees are reminded of potential conflicts at each meeting.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	TRUSTEES APPROVED THE COMPENSATION PACKAGE OF THE COLLEGE'S PRESIDENT AND THE DELIBERATION S ON THAT PROCESS ARE DOCUMENTED IN THE MINUTES COMPARABLE DATA FROM PEER INSTITUTIONS WA S USED TO SET THE COMPENSATION RATE
Form 990, Part VI, Line 15b Process to establish compensation of other employees	TRUSTEES APPROVED THE COMPENSATION PACKAGE OF THE COLLEGE'S PRESIDENT AND THE DELIBERATION S ON THAT PROCESS ARE DOCUMENTED IN THE MINUTES COMPARABLE DATA FROM PEER INSTITUTIONS WA S USED TO SET THE COMPENSATION RATE
Form 990, Part VI, Line 19 Required documents available to the public	The College provides access to its Form 990 and financial statements via its wiebsite. The College's tax exemption letter from the IRS and other policy documents are available upon request.
Form 990, Part IX, Line 11g Other Fees	Equipment Rent - Total Expense 72500, Program Service Expense 72500, Management and Gene ral Expenses , Fundraising Expenses , Other Services - Total Expense 10972336, Program Service Expense 10217914, Management and General Expenses 460908, Fundraising Expenses 293514,
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Changes in split interest agreements849950, Rounding Adjustments4,

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SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493133054936

2014

Open to Public Inspection

Name of the organization Board of Trustees of Whitman College Employer identification number

91-0567740

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.								
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(l (13) controlle	
		''		[`	,	` ´ent	
						Yes	No
	Provide Support for Whitman College	WA	501(c)(3	Type I	BOARD OF TRUSTEES OF WHITMAN COLLEGE	Yes	
WALLA WALLA, WA 99362 91-1648072							
	Provide support for Whitman College	WA	501(c)(3	Туре I	BOARD OF TRUSTEES OF WHITMAN COLLEGE	Yes	
WALLA WALLA, WA 99362 91-6526001							

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Genera	al or	Percentag
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocat	ions?	amount in box	manag	ging	ownership
		(state or	entity	unrelated,		assets			20 of	partne	er?	
		foreign		excluded from					Schedule K-1	l		
		country)		tax under					(Form 1065)	l		
				sections 512-					l l	l		
				514)						<u> </u>		
				,			Yes	No		Yes	No	
							•					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
							Yes	No
ÀNNUITY TRUST (1) 345 Boyer Avenue Walla Walla, WA 99362	HOLDINGS	WA	NA					
(2) CHARITABLE REMAINDER TRUSTS (31) 345 Boyer Avenue Walla Walla, WA 99362	HOLDINGS	WA	NA					
	HOLDINGS	WA	NA					

Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
		_

	The state of the s	
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to related organization(s)
- **c** Gift, grant, or capital contribution from related organization(s)
- **d** Loans or loan quarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- **f** Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- **k** Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- **p** Reimbursement paid to related organization(s) for expenses
- **q** Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Whitman College 21st Century Trust	С	510,331	Cash
(2) Whitman College Paul Garrett Foundation	С	212,969	Cash

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No	<u> </u>	Yes	No	
									\Box	1			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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