Form **990**

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

OMB No 1545-0047 2016

DLN: 93493135092528

			toundations)				1 '			
	nent of th Revenue	e Treasury Service		l security numbers on this form as it m Form 990 and its instructions is at <u>ww</u>			0	pen to Public Inspection		
\ Fo	or the 2	2016 c <u>a</u>	lendar year, or tax year beginn	ing 07-01-2016 , and ending 06-	30-2017					
□ Add	ck if appli dress cha me chang	ange	C Name of organization THE UNIVERSITY OF PUGET SOUND			D Employer (91-056496		cation number		
□ Init Fin	al return	n	Doing business as							
⊡etur □ Am	n/termina ended re	eturn	Number and street (or P O box if mai 1500 N Warner St CMB 1075	I is not delivered to street address) Room/s	suite	E Telephone n (253) 879				
□ App	olication p	pending	City or town, state or province, count	ry, and ZIP or foreign postal code		(200) 070				
		L	Tacoma, WA 984161075			G Gross receip	ots \$ 25	8,549,791		
			F Name and address of principal Islaah Crawford	officer	1	this a group retur ubordinates?	n for	□Yes ☑ No		
			1500 N Warner St CMB 1075 Tacoma, WA 984161075		Н(b) А	re all subordinates icluded?		☐ Yes ☐No		
	r-exempt			nsert no)	1	"No," attach a list	•	•		
W	ebsite:	► www	v pugetsound edu		11(0) 6	roup exemption nu	imber i	^		
(Form	n of organ	nızatıon	Corporation Trust Associ	ation Other	L Year of t	formation 1888 M W		of legal domicile		
Pa	rt I	Sumn			<u>'</u>	'				
		efly desc ucation	cribe the organization's mission or	most significant activities						
GOVEINAINCE										
P										
DAG.				ontinued its operations or disposed of						
			-	body (Part VI, line 1a)			3	35		
ACHVILIES &			· ·	the governing body (Part VI, line 1b)			5	32		
N.			ber of individuals employed in cale ber of volunteers (estimate if nece	endar year 2016 (Part V, line 2a) .essary)			6	2,721 1,350		
HCL			•	VIII, column (C), line 12		• •	7a	-956,295		
`				Form 990-T, line 34			7b	-1,152,795		
	2 110		tion business taxable morne nome			Prior Year	1 1	Current Year		
a .	8 Co	ontributio	ons and grants (Part VIII, line 1h)			9,893,446	_	11,386,208		
Rəvenue	9 Pro	ogram s	ervice revenue (Part VIII, line 2g)			145,050,786	;	150,343,763		
35V¢	10 In	vestmer	nt income (Part VIII, column (A), li	nes 3, 4, and 7d)		4,674,860		4,396,508		
_	11 Ot	her reve	enue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)		2,716,259	9	1,082,451		
	12 To	tal reve	nue—add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)		162,335,351		167,208,930		
	13 Gr	rants and	d sımılar amounts paıd (Part IX, co	olumn (A), lines 1–3)		44,590,507	7	46,674,673		
			, , ,	umn (A), line 4)		(1	0		
£8				efits (Part IX, column (A), lines 5–10)		75,288,139	+	76,267,055		
Expenses	_			nn (A), line 11e)			<u>'</u>	0		
EXD			aising expenses (Part IX, column (D), lin enses (Part IX, column (A), lines 1	<u> </u>		42,870,440	,	43,502,927		
			enses Add lines 13–17 (must equa			162,749,086	+	166,444,655		
			·	m line 12		-413,735	+	764,275		
Se S					Begin	ning of Current Year		End of Year		
Net Assets of Fund Balances	20 To	ntal acco	ts (Part X, line 16)			606,936,970		646,279,302		
d B			lities (Part X, line 26)			126,368,851	1	120,974,428		
Fun			s or fund balances Subtract line 2:			480,568,119	_	525,304,874		
	t II		ture Block		<u> </u>					
nowl		nd belief,		ned this return, including accompanyin Declaration of preparer (other than off						
						2018-05-15				
Sign		Signatur	re of officer			Date				
lere			eager Associate VP for Finance							
			print name and title	Dronarar's signature	Date	Lette	NI.			
)_:-		Pri	int/Type preparer's name	Preparer's signature	Date	Check If self-employed	N			
Paic		Fir	rm's name 🕨							
_	oarer Only	E c	rm's address 🟲			Firm's EIN ► Phone no				
Joe	Unity									
/1=\/ +l	na IPS a	discuss +	this return with the preparer showi	a ahove? (see instructions)		•		es 🗆 No		

Cat No 11282Y

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Form	990 (2016)					Page 2
Par	t IIII Statement	of Program Servi	ce Accomplis	hments		
	Check If Sche	dule O contains a resp	onse or note to	any line in this Part III		🗆
1	Briefly describe the o	organization's mission				
<u>Educ</u>	ation					
2	Did the organization	undertake any signific	ant program ser	vices during the year wh	nich were not listed on	
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No
	•	ese new services on Sc				
3	-	- :	_	changes in how it condu	icts, any program	
						🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Section 501(c)(3) an		ons are required	to report the amount o	largest program services, as mea: f grants and allocations to others,	
4a	(Code) (Expenses \$	150,461,175	including grants of \$	46,674,673) (Revenue \$	150,343,763)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4d		ces (Describe in Sched	•			
	(Expenses \$		luding grants of	·	0) (Revenue \$	0)
4e	Total program serv	vice expenses ▶	150,461,1	75		Form 990 (2016)

or X as applicable

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🔧

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, Yes

Page 3

No

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Νo

Nο

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5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 7

R

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10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

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19

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Yes

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31

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37

Par	Checklist of Required Schedules (continued)		
		Yes	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?		
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	Yes	
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	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? If "Yes," complete Schedule J	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and		

Yes 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔀

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

If "Yes," complete Schedule L, Part I

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Nο

Nο

No

Nο

No

No

Νo

Nο

No

Νo

No

Νo

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Yes

Yes

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Par	t 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			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3,669 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 _b	Yes	
ט	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►FR 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		No
	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?	50		
·	If res, to fine 3a of 3b, did the organization me Form 6660-17	5c		
6a	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?	6 a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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
	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	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]		
4a	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		

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Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	•	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> </u>
Sec	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	35	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	32		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any oth officer, director, trustee, or key employee?	er 2	Yes	
	Did the organization delegate control over management duties customarily performed by or under the direct superv 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
	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 members of the governing body?	ore 7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	by		
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revi	<u>enue Code</u> T		
10-	Did the exception have local chapters, branches, or affiliates?	10a	Yes	No No
ь	Did the organization have local chapters, branches, or affiliates?			INO
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	124	103	
	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 t conflicts?		Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	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 independer persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	it		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemption of the procedure o			
	status with respect to such arrangements?	16b		
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			
L /	MA , MD , MI , MO , NH , OR , WA			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or available for public inspection. Indicate how you made these available. Check all that apply	ıly)		
	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Lorin Seager 1500 N Warner St CMB 1075 Tacoma, WA 984161075 (253) 879-2720			
	• • • • • • • • • • • • • • • • • • • •		orm 00	0 (2016)

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Part VII	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	
La Complete	e 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

(A)

• 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

(C)

(D)

Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensated employee Individual trustee or director Former organizations MISC) related Institutional Trustee below dotted employee organizations line) See Additional Data Table

(F)

(E)

PO Box 1377 Tacoma, WA 98401

compensation from the organization ▶ 58

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Part VII Section A. Officers, Direc		s, Key	Emp			and	High		ate		conti		
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, t in of tor/t	t che unle: ficer rust	and a	son	(D) Reportable compensatio from the organization (' 2/1099-MISC	n W-	(E) Reportable compensation from related organizations (\) 2/1099-MISC	N-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1033	-)			relat organiza	ed
See Additional Data Table													
											+		
				<u> </u>							_		
											4		
											\top		
											+		
											_		
											\top		
1b Sub-Total			<u> </u>			 	<u> </u>				\top		
c Total from continuation sheets to P	art VII, Sectio	nΑ.				▶ [
d Total (add lines 1b and 1c)						>		4,561,824			0		543,988
2 Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rec	eived more than	\$10	0,000			
of reportable compensation from the	Organización P											T	
3 Did the organization list any former	- FF		ا مما						. استا			Yes	No
line 1a? If "Yes," complete Schedule	J for such individ	dual .	•	•	•		•		•		3	Yes	
For any individual listed on line 1a, is organization and related organization individual										tne • • •	4	Yes	
5 Did any person listed on line 1a receiver services rendered to the organization									ındıv •	idual for	5		No
Section B. Independent Contract	ors												
Complete this table for your five high from the organization Report compe	est compensate										npens	sation	
Name	(A) and business addre	955							Descri	(B) ption of services		(C Comper	
Vashington Patriot Construction LLC										s/services			,839,429
PO Box 339 Gig Harbor, WA 98335													
Perella Weinberg Partners Capital 767 Fifth Avenue 10th Floor								Consulti	ing se	rvices			776,411
New York, NY 10153 Accrete Construction LLC								Const si	upplie	s/services	+		713,368
301 Valley Avenue NW Suite A Puyallup, WA 98371													
Sprinturf LLC								Const si	upplie	s/services			573,838
500 Long Point Road Suite 205 MT Pleasant, SC 29464													
John Korsmo Construction Inc								Const si	upplie	s/services			346,461
											1		

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

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anızatıons must com	olete column (A)	
Check if Schedule O contains a response or note to any	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	9,983	9,983		
2 Grants and other assistance to domestic individuals See Part IV, line 22	46,352,481	46,352,481		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	312,209	312,209		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,700,697	1,047,776	1,417,680	235,241
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	774,103	534,775	0	239,328
7 Other salaries and wages	53,276,149	44,119,010	7,668,906	1,488,233
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,778,062	4,702,988	898,767	176,307
9 Other employee benefits	9,945,297	7,783,375	1,819,203	342,719
10 Payroll taxes	3,792,747	2,931,445	722,645	138,657
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	308,946	0	308,946	0
c Accounting	95,700	0	95,700	0

5,529

881,405

4,108,340

2,450,301

3,431,391

1,830,469

3,361,897

2,551,184

234,719

3,703,182

10,437,667

751,874

4,333,906

2,634,394

1,566,293

761,917

166,444,655

0

0

53,813

0

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e
 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)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

21 Payments to affiliates . . .

expenses on Schedule O)

d Allocation of plant O & M

e All other expenses

a Goods purchased for resale

b Study abroad program expenses

c Change in allowance for bad debt

f Investment management fees . .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

20 Interest . .

23 Insurance .

14 Information technology

e Professional fundraising services See Part IV, line 17

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

0

0

3,080,802

1,690,562

3,214,373

1,510,627

1,808,605

2,146,815

193,272

3,561,907

8,656,716

4,332,801

2,634,394

9,253,205

515,265

150,461,175

14,606

53,183

5,529

881,405

978,821

540,778

107,044

283,934

1,552,835

314,574

29,203

89,807

1,678,003

737,268

1,105

1,566,293

-9,333,628

12,605,909

240,461

0

630

0

0

0

48,717

218,961

109,974

35,908

0

457

89,795

12,244

51,468

102,948

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80,423

6,191

3,377,571

Form 990 (2016)

Page **11**

108.649.568

253.040.240

9.390.872

1.606.698

646.279.302

18,827,411

2,328,356

73,324,436

26.373.108

120,974,428

278,386,273

110,670,030

136.248.571

525,304,874

646.279.302

Form **990** (2016)

121,117

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Form 990 (2016)

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

key employees, highest compensated employees, and disqualified

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

2 Savings and temporary cash investments	30,237,678	2	46,808,418
3 Pledges and grants receivable, net	7,010,927	3	2,807,000
4 Accounts receivable, net	1,380,962	4	1,933,641
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)		6	

		trustees, key employees, and highest compensa II of Schedule L	ited en	nployees Complete Part		5	
	6	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations. Part II of Schedule L	(c)(3)(B), and of section 501(c)(9)		6		
ets	7	Notes and loans receivable, net	13,558,818	7	12,819,394		
Assets	8	Inventories for sale or use			555,986	8	576,183
⋖	9	Prepaid expenses and deferred charges			1,912,268	9	1,911,305
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	324,635,326			
	b	Less accumulated depreciation	10 b	122,226,505	203,332,695	10c	202,408,821

102.050.897

221.629.186

9,399,740

1,329,980

606.936.970

18,642,009

2,266,875

74,554,647

30.819.267

126,368,851

240.588,126

105,579,104

134,400,889

480,568,119

606.936.970

82.853

3,200

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☐ Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Yes

Yes

Yes

Yes Form 990 (2016)

2c

3a

3b

Additional Data

Software ID: 16000425

Software Version: v1.00

EIN: 91-0564961

Name: THE UNIVERSITY OF PUGET SOUND

Form 990 (2016)

Form 990, Part III, Line 4a:

The only national independent undergraduate liberal arts college in Western Washington, Puget Sound serves 2,600 students from 46 states and abroad, providing 1,200 classes in more than 50 major areas of study in the arts, sciences, humanities, and social sciences, including graduate programs in education, occupational therapy, and physical therapy. The college maintains a low student-faculty ratio and places an emphasis on excellence in teaching. Faculty awards include seven Washington state professors of the year from the Carnegie Foundation. An academically rigorous residential college, Puget Sound offers a full range of services designed to support the academic experience, including athletics, study abroad, community service, and leadership opportunities. Globally focused, Puget Sound actively seeks and supports diversity in its students, faculty, and staff, and fosters lifelong relationships with alumni.

Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest con employee Individual to or director Former Key employ Institutiona organizations MISC) MISC) related below dotted organizations line)

		นรษะ	Trustee		99	npensated				
Carl G Behnke	2 3	V						0	0	
Board Member	0	_ ^								
Richard M Brooks '82	2 3	v		Ţ				0	0	
Towns a death of Death Death Chair		1 ^	I	I ^	i l	l	I	l "	I "	l

Board Member	0				-		
Richard M Brooks '82	2 3	×	×		0	0	
Immediate Past Board Chair	0	,			J	J	
William M Canfield '76 P'08	2 3	_			0	0	
Board Member	0	^			Ĭ		

	U						
chard M Brooks '82	2 3	×	X		0	0	
nmediate Past Board Chair	0	^	^		,	,	
ıllıam M Canfield '76 P'08	2 3	×			0	0	
pard Member	0	χ.			3	,	
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Marvin H Caruthers P'02

Bradbury F Cheney '82

Michael J Corliss '82 P'13

Hollis S Dillon '84 JD'88

Kathleen M Duncan '82

Board Member

Board Member

Board Member

Board Member

Board Member

Rolf Engh P'14

Board Member

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Immediate Past Board Chair	0	^				0	Ů
William M Canfield '76 P'08	2 3	×			0	0	0
Board Member	0	^				0	
Mitzi W Carletti '78	2 3	×			0	0	0
Board Member	0	,				, and the second	

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099-Highest comperement organization and Individual trust or director Former key employee Institutional organizations MISC) MISC) related below dotted organizations line)

		ត្ ត	USTHE		ensated			
Sumner P Erdman '87 Board Member	2 3	×				0	0	0
Randolph C Foster '74 Board Member	2 3	X				0	0	0
Frederick W Grimm '78 Board Member	2 3	x				0	0	0
Bruce W Hart P'09	2 3							

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Board Member	0	,,			
Bruce W Hart P'09	2 3	×			
Board Member	0	^			
Laura C Inveen '76	2 3	V			
Board Member	0	^			

Jeremy L Korst '97

Gwendolyn H Lillis P'05

Janeen Solie McAninch '77 P'06

Deanna W Oppenheimer '80 P'11 P'14

Board Member

Board Member

Board Treasurer

Board Member

Board Member

Kenneth C McGill '61

Compensated Employees, and Independent, Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations for related (W-2/1099-(W-2/1099organization and

	organizations below dotted line)	ndrwdual trustee or director	Institutional Trustee	10	key employee	righest compensated	Former	MISC)	MISC)	related organizations
Beth M Picardo '83 JD'86	2 3	×						0	,	
Board Member	0	^								,

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Erin E Shagren '88

Robert T Shishido '72 P'09

Bruce L Titcomb '80 P'13

Nicholas D Vasilius '07

Michael A Veseth '72

Barbara S Walker P'05 P'07

Guy N Watanabe '75 MBA'76

Board Member

Board Member

Board Member

Board Member

Board Member

Board Member

Board Vice Chair

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		การเล	ol Trustee	l)ee	mpensated			
Beth M Picardo '83 JD'86	2 3						0	0	
Board Member	0	_ ^						0	
Robert C Pohlad P'07	2 3	×		x			0	0	
Poard Chair		I ^	I	I ^			l	Ĭ	

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Estimated

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Board Member	0	^							
Robert C Pohlad P'07	2 3	×		х			0	0	0
Board Chair	0	^		^				0	
Lyle Quasım '70 H'05	2 3	_					0	0	0
Board Member		^					١	ľ	o di

Compensated Employees, and Independent, Contractors (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless hours per amount of other compensation compensation week (list person is both an officer from the from related and a director/trustee) any hours organization organizations for related (W-2/1099-(W-2/1099-

					•		′	/ / 2/4000	/VV 3/4000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	<u> </u>	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
David J Watson '92 Board Member	2 3	x						0	0	0
William T Weyerhaeuser Board Member	2 3	x						0	0	0
Linda R Wilson '75 P'12	2 3	х						0	0	0

(F)

Estimated

compensation

from the

33,660

43,894

43,761

58,067

25,078

36,803

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David 5 Watsoff 52		l x			l o	l n	ĺ
Board Member	0	,					
William T Weyerhaeuser	2 3	V			0	0	
Board Member	0	^			·	0	
Lında R Wılson '75 P'12	2 3					0	
Board Member	0	^			١	·	

Board Member	0	^			Ĭ		
Lında R Wılson '75 P'12	2 3	v			0	0	
Board Member	0	^			Ĭ		
Susan L Wilson '87	2 3	×			0	0	
Board Member	_	l ^			Ĭ	ľ	l

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Isiaah Crawford

David R Beers

President & Trustee

Kristine M Bartanen

VP for University Relations

Secretary of the Corporation

Mary Elizabeth Collins

Janet S Hallman

Gayle R McIntosh

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Academic VP and Dean of the University

AVP for Financial Planning and Analysis

VP for Communications/Chief of Staff

Board Member	0	,			,	,	
Linda R Wilson '75 P'12	2 3	v			0	0	0
Board Member	0	^				0	
Susan L Wilson '87	2 3	×			0	0	0
Board Member	0	_ ^				· ·	

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200,664

243,558

284,116

95,704

127,696

162,141

Compensated Employees, and Independent Contractors (E) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Individua or direct Highest compensatemplovee Former Instituti MISC) organizations MISC) related below dotted organizations employee line)

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293,056

150,435

151,162

159,779

162,852

316,441

154,573

246,079

244,973

143,557

57,626

23,812

28,012

27,906

19,542

23,532

45,525

7,980

32,908

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

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		al trustee tor	ional Trustee
Sherry B Mondou	40		
VP for Finance and Administration	0		
Johnsfor 1 Rickard	40		

onn M Hickey
VP Business Serv/Community Engagement
ouane C Hulbert rofessor
lelen Elizabeth Kirkpatrick
rofessor

......

VP for Student Affairs/Dean of Students

Jennifer J Rickard

VP for Enrollment

Lorin D Seager

AVP for Finance

J Michael Segawa

Heidi A Orloff

Donald Share

John P Woodward

Professor Emeritus

Professor

Professor

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (C) (E) (F) (D) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation from the week (list person is both an officer from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and Individual or director Office: organizations Institutiona MISC) MISC) related below dotted organizations line)

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14,570

21,312

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Ronald R Thomas	40				x	1,313,688	0	
President Emeritus	0					2,020,000		

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George H Mills Jr

AVP University Relations-Former VP Enrollment

efile	GR/	APHIC prii	nt - DO NOT PROCE	SS	As Filed Data -			DLN: 9	3493135092528
SCI	IED	ULE A	Publ	ic C	harity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(For	m 990			he org	janization is a secti	ion 501(c)(3) d	organization o		2016
990E	(Z)				4947(a)(1) nonexe ▶ Attach to Form 9				2010
•		the Treasury	► Information		Schedule A (Form			ıctions is at	Open to Public Inspection
Name	of th	ue Service ne organiza	tion		www.ns.ge	<u> </u>		Employer identific	<u> </u>
HE UI	NIVERS	ITY OF PUGET	SOUND					91-0564961	
Pa			for Public Charity S					See instructions.	
	rganız		a private foundation bec		•	•	•	(A)(')	
1		•	onvention of churches,					(A)(I).	
2	✓		scribed in section 170			·	• • • • • • • • • • • • • • • • • • • •		
3			or a cooperative hospital		•				
4			esearch organization op and state	erated	in conjunction with	a hospital descri	bed in section	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the be (iv). (Complete Part II		of a college or univer	sity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6		A federal, s	tate, or local governme	nt or <u>c</u>	governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	A)(v).	
7			ation that normally receil (0(b)(1)(A)(vi). (Com			s support from a	governmental u	unit or from the gener	al public described in
8		A communi	ty trust described in se c	ction	170(b)(1)(A)(vi)	Complete Part I	I)		
9			ural research organization rant college of agricultur						ege or university or a
.0		from activit	ation that normally rece les related to its exemp income and unrelated to See section 509(a)(2)	t func	tions—subject to cert ss taxable income (le	ain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
.1			ation organized and ope	•	•	public safety S	ee section 509	(a)(4).	
2		more public	ation organized and ope ly supported organizati through 12d that descr	ons de	scribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization n(s) the power to regula Part IV, Sections A ar	operat	ted, supervised, or co	ontrolled by its si	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization nt of the supporting org	supei anizat	ion vested in the san				
С		Type III f	unctionally integrated organization(s) (see inst	I. A su	pporting organization				ited with, its
d		Type III n functionally	on-functionally integrated The organization integrated The organization i) You must complete	rated. zation	A supporting organi generally must satisf	zation operated i y a distribution i	ın connection wi	th its supported organ	
e		Check this	box if the organization r or Type III non-function	eceive	ed a written determin	ation from the II	RS that it is a Ty	/pe I, Type II, Type II	I functionally
f	Enter		of supported organizati		3	J			
g			ing information about th			•			,
(i) N	i)Name of supported organization		organization (ii)EIN		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No	1	
				+					
Γotal			tion Act Notice, see th					Schedule A (Form 9	

Page 2

	(Complete only if you chair if III. If the organization for						to qualify	under Part
_	ection A. Public Support	ans to quanty un	ider the tests his	ted below, please	e complete Fait	111.)		
	Calendar year							
	(or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e)2	2016	(f)Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	15,541,509	18,201,213	16,195,190	9,893,446	1	1,386,208	71,217,566
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0
_	The value of services or facilities furnished by a governmental unit to	0	0	0	0		0	0
	the organization without charge Total. Add lines 1 through 3	15,541,509	18,201,213	16,195,190	9,893,446	1	1,386,208	71,217,566
	The portion of total contributions by	13,341,309	10,201,213	10,193,190	9,093,440		1,300,200	71,217,300
	each person (other than a governmental unit or publicly supported organization) included on							0
	line 1 that exceeds 2% of the amount shown on line 11, column (f)							
	Public support. Subtract line 5 from line 4							71,217,566
S	ection B. Total Support						•	
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2	2016	(f)Total
	(or fiscal year beginning in) ▶							
7 8	Amounts from line 4 Gross income from interest.	15,541,509	18,201,213	16,195,190	9,893,446	1	1,386,208	71,217,566
8	dividends, payments received on securities loans, rents, royalties and income from similar sources	9,734,696	8,321,138	7,132,803	3,072,020		5,000,600	33,261,257
9	Net income from unrelated business activities, whether or not the business is regularly carried on	12,465,413	52,005,157	6,023,815	2,195,099		478,359	73,167,843
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0		0	0
11	Total support. Add lines 7 through 10							177,646,666
12	Gross receipts from related activities,	etc (see instruction	ons)			12		709,351,254
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ırd, fourth, or fıfth	tax year as a sect	ion 501	(c)(3) orgar	nization,
	check this box and stop here						▶ 🗆	
S	ection C. Computation of Publi							
14	Public support percentage for 2016 (li	ne 6, column (f) di	ivided by line 11, o	olumn (f))		14		40 089 %
15	Public support percentage for 2015 Sc	hedule A, Part II,	line 14			15		43 397 %
16a	33 1/3% support test-2016. If the	e organization did i	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, c	heck this b	
	and stop here. The organization qual 33 1/3% support test—2015. If the	ifies as a publicly s	supported organiza	ation				▶ ☑
	box and stop here. The organization	n qualifies as a pub	olicly supported org	ganization			·	▶ □
17a	10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	on meets the "facts	-and-circumstance	es" test, check this	box and stop her	r e. Expl	ain	_
ь	organization 10%-facts-and-circumstances ter 15 is 10% or more, and if the organize Explain in Part VI how the organization	zation meets the "i	facts-and-circumst	ances" test, check	this box and stop	here.		▶ □
18	supported organization Private foundation. If the organizati	ion did not check a	box on line 13, 10	5a, 16b, 17a, or 17	b, check this box	and see		▶□
1								

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f))	17	
18	Investment income percentage from 2			,(••	18	
	331/3% support tests—2016. If the			on line 14, and lir	e 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section 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			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(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)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	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	

	III Section 309(a)(1) or (2)	2	i	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination			
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			
			Ī	

	below	3a	
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		
	etermination :		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
_	f "Yes," explain in Part VI what controls the organization put in place to ensure such use		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below		
	Did the eventualities have objected and discussion in deciding whather to make make to the fewering comparted	\Box	

		30	l	
С	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			
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			

	to the foleigh supported organization was used exclusively for section 170(e)(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	
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	Supporting Organizations (continued)			
			Yes	No
11	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		
С	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		
	stion B. Tuno I Summouting Ouspuingtions			
36	ction 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		1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	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		
	skien C. Tune II Cumpostine Opposite tions			
Se	ction 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	163	110
-	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		
C -	skion D. All Tune III Sunnauking Ouseningking			
36	ction 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		1.03	"
	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of t			
	Form 990 that was most recently filed as of the date of notification, and (iii) 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 ta			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Se	ction 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 instru	ctions)		
а	The organization satisfied the Activities Test. Complete line 2 below	•		
ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	ee instri	ictions)	١
_	The organization supported a governmental entity bescribe in lare variow you supported a government entity (s	oc mon	100113)	,
2	Activities Test Answer (a) and (b) below.		1	
			Yes	No
а	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	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, and the organization have the power to require the organization of the organization have the organization of the	of 3a		
	the supported organizations? Provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard			
	Supported organizations: It res, describe in Fart #1. the fole played by the organization in this regard	3b	1	1

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	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
			·	·

_		_		
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		
			I	T 2
	Section C - Distributable Amount			Current Year
1		1		Current Year
1 2	Adjusted net income for prior year (from Section A, line 8, Column A)	1 2		Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	-		Current Year
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		Current Year
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		Current Year

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-FZ) 2016

5

instructions)

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493135092528

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

f the	Section 501(c)(3) organizations Cor Section 501(c) (other than section 5 Section 527 organizations Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 99 thave filed Form 5768 (election under si thave NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax s), then	Part I-C I-A and C below 90-EZ, Part VI, Iir ection 501(h)) Co ider section 501(h	Do not conne 47 (Lobi emplete Par)) Comple	mplete Part I-I bying Activit rt II-A Do not te Part II-B D	B com o not	then plete Part II-E t complete Pa Z, Part V, Iin	3 art II-A e 35 c
	E UNIVERSITY OF PUGET SOUND				91-0564961			
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section	n 527 orga	niza	tion.	
1 2 3	Provide a description of the organ Political expenditures Volunteer hours	ization's direct and indirect political cam	npaign activities in	n Part IV	•	\$.		
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).					
1 2 3 4a	Enter the amount of any excise to If the organization incurred a section was a correction made?	ex incurred by the organization under se ex incurred by organization managers ur tion 4955 tax, did it file Form 4720 for t	nder section 4955		*	\$. \$.	☐ Yes	□ No
	If "Yes," describe in Part IV	nization is exempt under sectio	n 501(c) exce	ent sectio	n 501(c)(31		
1		ed by the filing organization for section				- 		
2		anization's funds contributed to other or	·			♣. \$.		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and on	Form 1120-POL,	lıne 17b	>	\$		
4	Did the filing organization fileFori	n 1120-POL for this year?					☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing orga olitical orga	nization's fun anization, suc	ds A	lso enter the	
	(a) Name	(b) Address	(c) EIN	filing o	ount paid from rganization's If none, enter -0-		(e) Amount contributions and promp directly deliv separate porganization enter	or received only and vered to a political of none,
2								
1								
,								

Schedule C (Form 990 or 990-EZ) 2016

Grassroots lobbying expenditures

Par	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NC Form 5768 (election under section 501(h)).	T filed			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a)		(b)	
ctivit	ach "Yes" response on lines 1a through 1ı below, provide in Part IV a detailed description of the lobbying ity	Yes	No	Amour	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use or				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1	
С	Media advertisements?			1	
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912			1	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	t III-A Complete if the organization is exempt under section $501(c)(4)$, section 50	1(c)(5), o	r secti	on 501(c)
	(6).				
			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Part	t III-B Complete if the organization is exempt under section 501(c)(4), section 50 and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes.")(6)
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a	Current year	2a			
	Carryover from last year	2b			
c	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	. 3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	loes 4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
Pa	art IV Supplemental Information				
Prov	vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group tructions), and Part II-B, line 1 Also, complete this part for any additional information	lıst), Part II-	·A, lines	1 and 2 (se	ee
	Return Reference Explanation				
Sched	dule C, Part II-A, Line 1c In addition to the lobbying expenditures reported on line 1c, the univers membership dues, as well as other departmental membership dues, to c				I

performed lobbying activities on behalf of its membership. Most of these organizations are 501(c)(3) organizations which are exempt under section 6033(e) from having to report to its membership the portion of dues that are allocable to political or lobbying activities. As such, the university does not have this

information to report on this return

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. OMB No 1545-0047

DLN: 93493135092528

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

Open to Public Inspection

THE	UNIVERSITY OF PUGET SOUND		91-0564961	
Pa	Organizations Maintaining Donor Complete if the organization answere		Funds or Accounts.	
		(a) Donor advised funds	(b)Funds and other accou	ınts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to			es 🗌 No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		for any other purpose	′es □ No
Pa	rt II Conservation Easements. Complet	e if the organization answered "Yes	" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply)		
	\square Preservation of land for public use (e g , rec	reation or education) 🔲 Preserva	ation of an historically important land a	rea
	Protection of natural habitat	Preserva	ation of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization	neld a qualified conservation contribution		
_	easement on the last day of the tax year Total number of conservation easements		Held at the End of	f the Year
a b	Total acreage restricted by conservation easemen	†e	2a 2b	
c	Number of conservation easements on a certified		2c	
d	Number of conservation easements included in (c) structure listed in the National Register	` '		
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguished, or term	ninated by the organization during the	
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy regar and enforcement of the conservation easements i	ding the periodic monitoring, inspection, t holds?	handling of violations, Yes	□ No
6	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of violations, and e	nforcing conservation easements during	g the year
7	Amount of expenses incurred in monitoring, inspect	cting, handling of violations, and enforc	ing conservation easements during the	year
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(II)?		☐ Yes	□ No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's fina		
Par	Complete if the organization answere	ions of Art, Historical Treasures		
1a	If the organization elected, as permitted under SI art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	ld for public exhibition, education, or re	search in furtherance of public service,	orks of
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held for following amounts relating to these items	AS 116 (ASC 958), to report in its rever	nue statement and balance sheet works	
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	27,759
(1	i)Assets included in Form 990, Part X		▶ \$	934,588
2	If the organization received or held works of art, following amounts required to be reported under			
а	Revenue included on Form 990, Part VIII, line 1	· -	▶ \$	0
b	Assets included in Form 990, Part X		▶ \$	0
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat No 52283D Schedule D (For	rm 990) 2016

c Leasehold improvements

d Equipment .

e Other .

Par	t III	Organizations Ma	aintaining Collections	of Art, Hist	orical T	reasu	res, or	Other	Similar A	ssets (continue	ed)	
3		g the organızatıon's acq s (check all that apply)	uisition, accession, and othe	r records, che	ck any of	the fol	llowing tl	nat are a	significant	use of it	s collect	ion	
а	^a ☑ Public exhibition ^d ☑ Loan or exchange programs												
b	✓	Scholarly research		I	e 🗸	Other	. Teachii tours	ng mater	ral & curricu	ıla, K-12	<u>!</u>		
c	✓	Preservation for future	e generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5			anization solicit or receive d nds rather than to be mainta						ular	□ Ye	es 🔽	Z No	•
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1a		e organization an agent ded on Form 990, Part I	, trustee, custodian or other X?	· intermediary	for contri	butions	s or othe	r assets	not	☐ Y €	es 🔽	No	•
b	If "Y	es," explain the arrange	ement in Part XIII and comp	lete the follow	ing table		Γ		-	mount			-
c		nning balance	·		-		Ī	1c					-
d	Addıt	tions during the year						1d					-
е	Dıstr	butions during the year	r				Ī	1e					•
f	Endır	ng balance						1f					_
2a	Dıd t	he organization include:	an amount on Form 990, Pa	art X, line 21,	for escrov	v or cu	stodial a	count lia	ability?	✓ Ye	ے <u>۔</u> آ	No	•
b	τε "∨.	os " ovaloja the orronge	ment in Part XIII Check he	ra if tha avalai	nation had	- hn	n roundoe	in Bart \	v111				
	art V		ds. Complete if the organ	·			<u> </u>				'		
- (II C V	Liidowinentian	(a)Curre		b) Prior yea		(c)Two ye		(d)Three ye		(e)Four	veare	hack
1a	Beginr	ning of year balance .		0,361,359	321,67			8,501,456		,926,818			67,632
	_	butions		7,126,584	5,96	5,192		7,672,336	6	,677,205		4,5	13,690
С	Net in	vestment earnings, gair	ns, and losses 4	2,017,635	-3,58	6,968		8,359,434	48	,999,410		34,9	40,809
		s or scholarships		7,356,846	6,05	9,811		5,706,827	5	,408,689		5,3	84,707
е		expenditures for facilitie	es	6,695,043	6,76	5,325		5,294,698	5	,940,589		5,2	40,455
f	Admın	istrative expenses .		893,210	86	7,806		855,624	2	,752,699		2,3	70,151
g	End of	f year balance		4,560,479	310,36	1,359	32	1,676,077	318	,501,456		276,9	26,818
2	Provi	ide the estimated perce	ntage of the current year en	d balance (line	e 1g, colu	ımn (a)	ı) held as	;					
а	Boar	d designated or quasi-e	ndowment ► 31 1 %		-								
b	Perm	nanent endowment 🕨	38 4 %										
С	Tem	porarily restricted endov	wment ► 30 5 %										
	The	percentages on lines 2a	, 2b, and 2c should equal 10	00%									
3а		there endowment funds	not in the possession of the	organization	that are h	neld and	d admini	stered fo	r the		Y	es	No
	(i) u	nrelated organizations								3	a(i) Y	es	
		related organizations .									` '	es	
			lated organizations listed as			۱۶۶					3b Y	es	
4			ended uses of the organizati	on's endowme	nt funds								
Pa	rt VI	, ,		' on Form O	OO Bart	TV lin	0 110 1	Soo For	m 000 Pa	rt V lin	0.10		
	Descr	ription of property	ganization answered 'Yes (a) Cost or other basis (investment)	(b)Cost or ot					epreciation		e 10. (d)Book	value	
1 -	Land		(1	11 1	24,883						11	124,883
	Buildir					55,961			104,731,876				124,085
U	Juliuli	ıyə	I	1	200,0	-5,501			1,, -1,0,0			107,	,003

0

0

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

14,123,766

30,530,716

6,361,047

11,133,582

7,762,719

19,397,134

202,408,821

Part VII Investments—Other Securities. Comp See Form 990, Part X, line 12. (a) Description of security or category		anızatıon ansv	1	orm 990, Part	
(ıncludıng name of security)				or end-of-year m	
(1)Financial derivatives					
(3)Other(A) Endowment global equities	_	105,139,181		F	
(B) Endowment global fixed income		9,933,661		F	
(C) Endowment absolute return		53,576,347		F	
(D) Endowment real assets		52,767,681		F	
(E) Endowment private capital		19,174,581		F	
(F) Endowment cash, other assets & liabilities		164,430		F	
(G) Nonpooled endowment with external managers		2,162,061		F	
(H) Investment in subsidiary		7,833,426		F	
(I) Investment in LLC		2,288,872		F	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Com	nlete if the or	253,040,240		Form QQA Dar	+ IV line 11c
See Form 990, Part X, line 13.				· 	·
(a) Description of investment		(b) Book value	Cost o	c) Method of val or end-of-year m	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•				
Part IX Other Assets. Complete if the organization (a) D	answered 'Yes' o escription	on Form 990, Pa	art IV, line 11d Se	ee Form 990, Par	t X, line 15 (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line				•	
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	ization answei	red 'Yes' on Fo	orm 990, Part IV	, line 11e or 1	1f.
1. (a) Description of liability (1) Federal income taxes		(b) E	Book value		
Liabilities under split-interest agreements			2,748,898		
Government advances for student loans			11,671,940		
Asset retirement obligation			1,615,270		
Interest rate swap agreements			10,066,292		
Capital lease obligations (6)			270,708		
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		<u> </u>	26 372 100		
2. Liability for uncertain tax positions In Part XIII, provide t	he text of the fo		26,373,108 rganization's finan	cıal statements t	·
organization's liability for uncertain tax positions under FIN 4	48 (ASC 740) C	heck here if the	text of the footno	te has been prov	vided in Part XIII 🛮 🗹

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b 2c

2d

4a

4b

Explanation

514.135

9,836

874,587

47,354,384

4c

5

2e

3

4c

5

Page 4

514,135

167.208.930

118,225,520

9,836

118,215,684

48.228.971

166,444,655

Schedule D (Form 990) 2015

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Prior year adjustments

Other losses

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Schedule D (Form 990) 2016

Part XI

1

c

Part XII

5

1

2

е

b

c

Part XIII

See Additional Data Table

5

3

Page 5	Schedule D (Form 990) 2015
tinued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

(C) Endowment real assets

(D) Endowment private capital

(G) Investment in subsidiary

(H) Investment in LLC

(E) Endowment cash, other assets & liabilities

(F) Nonpooled endowment with external managers

Software ID: 16000425 Software Version: v1.00 **EIN:** 91-0564961 Name: THE UNIVERSITY OF PUGET SOUND

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

(a) Description of security or cateory

(including name or security)		Cost or end-of-year market value
(3)Other		
(A) Endowment global equities	105,139,181	F
(3)Other		
(A) Endowment global fixed income	9,933,661	F

(b)Book value

53,576,347

52,767,681

19,174,581

164,430

2,162,061

7,833,426 2,288,872

(B) Endowment absolute return

(c) Method of valuation

Return Reference	Explanation
Schedule D, Part III, Line 4	THE SLATER MUSEUM OF NATURAL HISTORY The Slater Museum of Natural History, which is locat ed on the university's campus in Thompson Hall, provides one of the region's significant r epositories for bird, mammal, reptile, amphibian and plant specimens mostly from the Pacific Northwest. The museum serves as a resource for students, researchers, artists, and educ ators. The museum is used by courses throughout the university and by schools throughout the south Puget Sound area. Thousands of K-12 students are exposed to the museum's collections through curriculum kits that go into the schools or museum tours. The museum features a small set of exhibits focused on the biodiversity of the region. THE COLLINS MEMORIAL LI BRARY. The unique collections of the Collins Memorial Library, in both print and electroni

mitment to teaching, learning, civic engagement, and diversity

c format, cover a broad range of topics, formats, and periods The library's many unique m aterials include artists' books, manuscript collections, photographs, rare books, and mate rials that document local and regional history and art. The collections provide educational and research resources for students, faculty, and staff and support the university's com

Supplemental Information

applemental Information	
Return Reference	Explanation
chedule D, Part IV, Line 2b	The university receives scholarship and fellowship funds from unrelated granting organizat ions and awards them to specific, named students as directed by the granting organizations. The university also acts as custodian for the funds of service organizations in which st udents, faculty, or staff participate. These organizations are legally separate from the university and are funded from sources independent of the university.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4	The university's endowment includes donor-restricted endowment and funds designated by the Board of Trustees to function as endowment (quasi-endowment) The university's donor-rest ricted endowment was created through the generosity of generations of donors who requested that their gifts be invested for a period of time or in perpetuity to provide resources to support the university's mission. The university's quasi-endowment was created by the Board of Trustees through their designation of unrestricted bequests and careful stewardship of other unrestricted resources. The purpose of the endowment is to provide ongoing finan cial support for the university's annual operations. The university recognizes that support for current operations must be consistent with the long-term growth of the endowment. Over time the university's goal is to grow the endowment through prudent investment and through the addition of new gifts, while providing steadily growing support to university programs across generations.

Supplemental Information		
Return Reference	Explanation	
Schedule D, Part X, Line 2	The university had no unrecognized tax benefits that would have required an adjustment to its net assets, and no unrecognized tax benefits at June 30, 2017	

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2d	Student financial aid (\$45,788,091), investment expenses netted with endowment income and distributions (\$874,587), net change in allowance for bad debt (\$1,566,293), and actuarial adjustments and other changes including the change in fair value of interest rate swap ag reements \$4,404,599

plemental Information		
Return Reference	Explanation	
hedule D, Part XI, Line 4b	Dividend received from subsidiary \$520,410, investment loss in subsidiary \$3,561, and fund raising/gaming expenses netted with income (\$9,836)	

Sup

pplemental Information		
Return Reference	Explanation	
hedule D, Part XII, Line 2d	Fundraising/gaming expenses netted with income \$9,836	

Sup

Supplemental Information		
Return Reference	Explanation	
Schedule D, Part XII, Line 4b	Student financial aid \$45,788,091 and net change in allowance for bad debt \$1,566,293	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135092528 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the organization **Employer identification number** THE UNIVERSITY OF PUGET SOUND 91-0564961 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2016)

4 03 The university also includes this nondiscriminatory statement in publications dealing with student admissions, programs, and scholarships Schedule E. Part I. Line 6 The university has received funding from the federal government to support student work-study and financial aid, including Federal Pell Grant Program, Federal Supplemental Educational Opportunity Grants, Federal Work-Study Program, Federal Perkins Loan Program, and Federal Direct Student Loans Program Federal research grants have also been received directly or indirectly from the following federal agencies National Science Foundation, National Aeronautics and Space Administration, Department of Health and Human Services / National Institutes of Health, and National Endowment for Humanities The university also received funding from the Corporation for National and Community Services among other small state and local grants in support of conferences, scholarship and other programmatic activities

Schedule F (Form 990 or 990-FZ) (2016)

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493135092528			: 93493135092528		
SCHEDULE F (Form 990)	The statement of Activities Outside the Office States of			OMB No 1545-0047	
(1 31111 333)	► Compl	ete if the organization	on answered "Yes" to Form	990,	2016
	_	•	14b, 15, or 16.		
Department of the Treasury Internal Revenue Service			See separate instructions. and its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection
Name of the organization THE UNIVERSITY OF PUGET SO	OLIND			Employer ide	ntification number
THE UNIVERSITY OF PUGET SO	OUND			91-0564961	
Part I General Infor		es Outside the l	Jnited States. Comple	te if the organization i	answered "Yes" to
other assistance, the o to award the grants or	grantees' eligibility for - assistance? escribe in Part V the oi	the grants or assi	substantiate the amount stance, and the selection dures for monitoring the	criteria used	✓ Yes □ No ther assistance
3 Activites per Region (Th	he following Part I, line	3 table can be dupl	cated if additional space is	needed)	
(a) Region	(b) Number of offices in the 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 program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation s Part I c Totals (add lines 3a and		1 0			4,161,405

Schedule F (Form 990) 2016

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. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement of non-cash valuation non-cash assistance (book, FMV, assistance appraisal, other) (1) Financial aid grants East Asia and the 17 77,833 Aid posted directly to each posted to each student's student's account held at Pacific Puget Sound account the university when students were studying abroad that (2) Financial aid grants Europe (including 64 211,326 Aid posted directly to each posted to each student's Iceland and Greenland) student's account held at Puget Sound account the university when students were studying abroad that term (3) Financial aid grants Russia and the newly 17,150 Aid posted directly to each posted to each student's Independent States student's account held at Puget Sound account the university when students were studying abroad that term (4) Financial aid grants 2 5,900 Aid posted directly to each South America posted to each student's student's account held at Puget Sound account the university when students were studying abroad that term (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Sche	dule F (Form 990) 2016		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the 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)	☑ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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)		
	Instructions for Forms 5520 and 5520 Pry	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations (see Instructions for Form 5471)	✓ Yes	□No
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)	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Institution for Form 5555)	✓ Yes	□No
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)	✓ Yes	□No

Schedule F (I	orm 990) 2016 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).
Return Reference	Explanation
Kelelelici	

Amounts of aid awarded are in compliance with governing regulations or institutional policy. In compliance with Title IV regulations, total aid from all sources cannot exceed need or the annual cost of attendance, regardless of the level of need. Aid awards are posted to student accounts as an offset to semester charges. Institutional policy prohibits the release or refund of aid to students unless total charges for the semester have been paid

Return Reference	Explanation
Schedule F, Part I, Line 3	The university's financial statements are accounted for on an accrual basis of accounting. As such, the expenditures reported by region in column (f) are accounted for on an accrual basis of accounting and do not include expenditures that were recognized in a prior reporting period. Under the university's current accounting procedures, indirect and direct expenses associated with certain activities outside the United States are not separately tracked and therefore are not included in column (f)

Additional Data

Europe (including Iceland and

Russia and the newly

independent States

Greenland)

Software ID: 16000425 **Software Version:** v1.00

EIN: 91-0564961

Name: THE UNIVERSITY OF PUGET SOUND

211,326

17,150

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
East Asia and the Pacific	0	0	Grantmaking		77,833

Grantmaking

0 Grantmaking

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) South America 5.900 0 |Grantmaking Study Abroad Program Europe (including Iceland and 0 Program Services 113,176 Greenland) Central America and the 0 Program Services Study Tours 2.750 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific 0 Program Services Study Tours 126.958 Europe (including Iceland and 4,254 0 Program Services Study Tours Greenland) North America (including 0 Program Services Study Tours 1,012 Canada and Mexico, but not the United States)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) South America 0 Program Services Study Tours 7.125 South Asia 5,317 0 Program Services Study Tours Russia and the newly 0 Program Services Study Tours 1,592 independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the region) Central America and the 0 Program Services Faculty travel to 5,594 Carıbbean conferences and professional meetings East Asia and the Pacific 0 Program Services Faculty travel to 50.720 conferences and professional meetings Europe (including Iceland and 0 Program Services Faculty travel to 90,469 Greenland) conferences and professional meetings

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the region) Middle East and North Africa 0 Program Services Faculty travel to 15,719 Iconferences and professional meetings North America (including 0 Program Services Faculty travel to 14.098 Canada and Mexico, but not conferences and the United States) professional meetings 9,434 South America 0 Program Services Faculty travel to conferences and professional meetings

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region services, grants to service(s) in region region recipients located in the region) South Asia 0 Program Services Faculty travel to 9.265 conferences and professional meetings East Asia and the Pacific 0 Program Services Student recruitment 13,354 North America (including 0 Program Services Student recruitment 1.713 Canada and Mexico, but not the United States)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) South Asia 11.765 0 Program Services Student recruitment Central America and the 0 Investments 3,364,881 Caribbean

SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization THE UNIVERSITY OF PUGET SOUND 91-0564961 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 5 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016

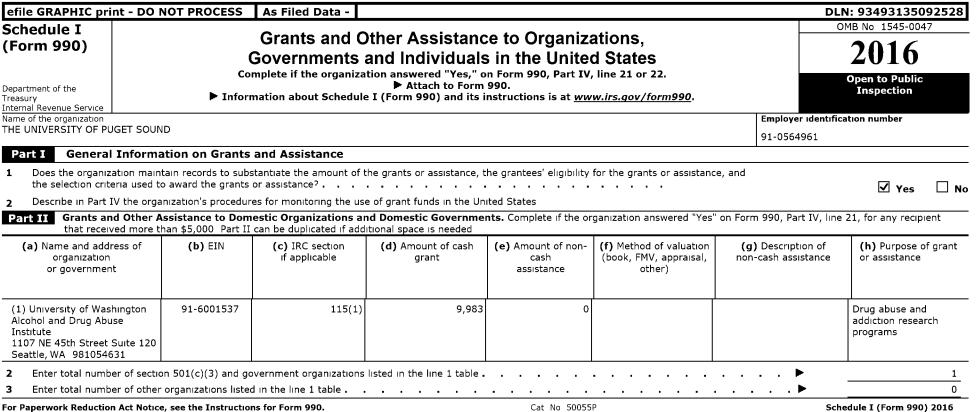
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Sche	edule G (Form 990 or 990-EZ) 2016				Page 2					
Pa	rt II Fundraising Events. Complethan \$15,000 of fundraising egross receipts greater than \$15,000 of fundraising egross receipts greater than \$15,000 of fundraising egross receipts greater than \$15,000 of fundraising experiences.	event contributions and								
Revenue	J	(a)Event #1 Logger Open (event type)	(b) Event #2 BSU Scholarship Dinner (event type)	(c)Other events 1 (total number)	(d) Total events (add col (a) through col (c))					
	1 Gross receipts	14,645	11,620	5,400	31,665					
	2 Less Contributions	6,250	6,990	0	13,240					
	3 Gross income (line 1 minus line 2)	8,395	4,630	5,400	18,425					
	4 Cash prizes	0,000	.,,,,,	0						
	5 Noncash prizes	0	0	0						
ses	6 Rent/facility costs	5,998	0	0	5,998					
Direct Expenses	7 Food and beverages	0	1,552	0						
ញ ក	8 Entertainment	0	0	0	0					
)Ire	9 Other direct expenses	1,633	380	21	2,034					
_	10 Direct expense summary Add lines 4 t	9,584								
	11 Net income summary Subtract line 10	from line 3, column (d)		•	8,841					
Pai	Gaming. Complete if the organization on Form 990-EZ, line 6a.	anızatıon answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	more than \$15,000					
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))					
~ —	1 Gross revenue									
Expenses	2 Cash prizes									
ă	3 Noncash prizes									
Direct	4 Rent/facility costs									
<u> </u>	5 Other direct expenses		_							
	6 Volunteer labor	☐ Yes <u>%</u> ☐ No	☐ Yes	☐ Yes % ☐ No						
	7 Direct expense summary Add lines 2 through 5 in column (d)									
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	•						
9 a b	Enter the state(s) in which the organization licensed to conduct graft "No," explain	aming activities in each of	these states?		☐ Yes ☐ No					
10a b	Were any of the organization's gaming lik	censes revoked, suspende	d or terminated during th	e tax year?	☐ Yes ☐ No					

Sche	dule G (Form 990 or 990-EZ) 2016					F	age					
11	Does the organization conduct gaming	j activities with nonmember:	s?		☐Yes	□No						
12	Is the organization a grantor, benefici- formed to administer charitable gamin		member of a partnership or other entity		□Yes	□No						
13	Indicate the percentage of gaming act	ivity conducted in										
а	The organization's facility			13a								
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	cords								
	Name •											
	Address >											
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No						
b			anization 🕨 \$ and th	e								
	amount of gaming revenue retained b	y the third party $ hildsymbol{\blacktriangleright}$ \$										
С	If "Yes," enter name and address of the third party											
	Name ►											
	Address ►											
16	Gaming manager information											
	Name ►											
	Gaming manager compensation ▶ \$											
	Description of services provided ▶											
	☐ Director/officer	☐ Employee	☐ Independent contractor									
17	Mandatory distributions											
а	,	te law to make charitable di	stributions from the gaming proceeds to		_							
_	retain the state gaming license?				☐ Yes	□No						
b	·		uted to other exempt organizations or spent									
В-	in the organization's own exempt activ			- (···) -	and (\. n	ad Dawt						
Pal		l5c, 16, and 17b, as app	cions required by Part I, line 2b, column licable. Also complete this part to provid									
	Return Reference		Explanation									
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201					



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

Schedule I (Form 990) 2016

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

(5) (6)

Part IV

Return Reference

Schedule I. Part I. Line 2

Explanation

paid

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Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on 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.

OMB No 1545-0047

DLN: 93493135092528

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

> ernal Revenue vice

Name of the organization
THE UNIVERSITY OF PUGET SOUND

Employer identification number
91-0564961

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 i			•			
	Ľ	First-class or charter travel	Ľ	Housing allowance or residence for personal use			
	г.	Fravel for companions	Г	Payments for business use of personal residence			
	г '	Fax idemnification and gross-up payments	Ľ	Health or social club dues or initiation fees			
	Γ	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain						
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?							
3	orga	ate which, if any, of the following the filing organiz nization's CEO/Executive Director Check all that by a related organization to establish compensat	appl				
	Е.	Compensation committee	Г.	Written employment contract			
	Ē.	Independent compensation consultant		Compensation survey or study			
	Γ	Form 990 of other organizations	Ŀ	Approval by the board or compensation committee			
4		ng the year, did any person listed on Form 990, Pa related organization	art V I	${ m II, Section A, line 1a with respect to the filing organization}$			
а	Receive a severance payment or change-of-control payment?						No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	c Participate in, or receive payment from, an equity-based compensation arrangement?						Νo
	If"Y	es" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns m	ust complete lines 5-9.			
5	Forp	ersons listed on Form 990, Part VII, Section A, I pensation contingent on the revenues of		•			
а	The	organization?			5a		No
b		related organization?			5b		No
	If"Y	es," on line 5a or 5b, describe in Part III					
5		ersons listed on Form 990, Part VII, Section A, local pensation contingent on the net earnings of	ine 1	a, did the organization pay or accrue any			
а	The	organization?			6a		No
b	Any	related organization?			6b		No
	If"Y	es," on line 6a or 6b, describe in Part III					
7		ersons listed on Form 990, Part VII, Section A, l nents not described in lines 5 and 6? If "Yes," des			7		No
8	subje	any amounts reported on Form 990, Part VII, pa ect to the initial contract exception described in R rt III		accured pursuant to a contract that was ations section 53 4958-4(a)(3)? If "Yes," describe	8		No
9		es" on line 8, did the organization also follow the r on 53 4958-6(c)?	ebutt	table presumption procedure described in Regulations	9		

Schedule J (Form 990) 2015							Page Z				
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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual											
(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in				
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990				

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See Additional Data Table

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

Schedule J (Form 990) 2015

Return Reference Explanation Schedule J. Part I. Line 1a FIRST-CLASS OR CHARTER TRAVEL. The president is the only position reported in the Form 990 for which the university paid or reimbursed business or

Schedule J, Part I, Line 4

Schedule J, Part II

Column (B) (III) Other reportable compensation includes taxable optional life insurance, compensation in lieu of sabbatical, vested 457(b) deferred

compensation, vested 457(f) deferred compensation accumulation, faculty early retirement and career change plan distributions, as applicable to each individual Column (C) Retirement and other deferred compensation includes 403(b) retirement contributions, unvested 457(f) deferred compensation, and

remission scholarship program

the attributed increase in the actuarial value of the faculty early retirement and career change plan and post-retirement medical benefits plan, as applicable to each individual. Column (D) Nontaxable benefits include employer and employee pre-tax contributions to medical including faculty postretirement medical, dental, disability, and life insurance benefits, dependent tuition benefits, and employer provided housing, as applicable for each

The president's health club membership is paid by the university and reported as taxable compensation

first-class travel. The university did not utilize chartered flights for air travel. Extensive travel is required of the position of president and they are encouraged by the Board of Trustees to travel business or first class on flights of two hours or more. This provision is made for several reasons. 1) business or first-class travel allows for the most flexibility to accommodate a travel schedule that must frequently be altered, often at the last minute to accommodate donors' schedules, add critical meetings, or to take advantage of other strategic opportunities for the university, 2) circumstances sometimes call for the president to return to campus without notice, or to remain on campus when a trip was planned, and first or business-class travel best accommodates these changing conditions, and 3) the Board of Trustees wishes the president to be at their best performance representing and seeking funding for the university during often grueling travel itineraries for meetings frequently critical to the institution's well-being. This

accommodation was not treated as taxable compensation HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE The president is required to live on campus in the university-owned president's residence where they regularly hold university events. Because the president accepts this reguirement as a condition of employment, the residence is on university premises, and it is provided for the convenience of the university, under IRS rules it is not considered a taxable benefit to the president. As required by IRS Form 990, the value of the portion of the residence used by the president for personal living quarters has been estimated and is included in the amounts reported on Form 990, Schedule J. Part II, Column (D) HEALTH CLUB MEMBERSHIP

Line 4b Persons who participated in a supplemental nonqualified retirement plan, including a reasonable estimate of their potential share of the increase In the actuarial value of the faculty early retirement and career change plan and the post-retirement medical benefits plan Ronald R Thomas (\$29,098), Sherry B Mondou (\$714), David R Beers (\$657), Jennifer J Rickard (\$440), and Kristine M Bartanen (\$2,290) Ronald R Thomas received a payment from a vested supplemental non qualified retirement plan (\$411,892) of which (\$400,794) was reported on Part VII and Schedule J in previous Form 990 returns. Persons who received payment from a supplemental nongualified faculty early retirement and career change plan and post-retirement medical benefits plan Duane C Hulbert (\$248,717), Helen Elizabeth Kirkpatrick (\$154,573), Heidi A Orloff (\$246,079) and Donald Share (\$252,953)

individual Mary Elizabeth Collins dependent tuition benefits (\$16,500) are from St. Mary's College, an unrelated organization, through the University of

Puget Sound's participation in the National Tuition Exchange, Inc. program. Duane C. Hulbert faculty and dependent tuition benefits (\$2,118) are from the

university's tuition remission scholarship program. Helen Elizabeth Kirkpatrick dependent tuition benefits (\$45,525) are from the university's tuition. Schedule J (Form 990) 2015

Software ID: 16000425 **Software Version:** v1.00

EIN: 91-0564961 Name: THE UNIVERSITY OF PUGET SOUND

Form 990, Schedule J, P	art I	I - Officers, Direct	ors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees	i	
(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation (iii)	(C) Retirement and other deferred compensation	(D) Nontaxable benefits		(F) Compensation in column (B) reported as deferred
		Base Compensation	Bonus & incentive compensation	Other reportable compensation	compensation			on prior Form 990
1Knstine M Bartanen Academic VP and Dean of the	(1)	242,964	о	594	32,020	12,973	288,551	0
University	(11)	0	0	0	0			0
1David R Beers	(1)	284,116	0	0	32,997	11,670	328,783	0
VP for University Relations	(11)	0	0	0	0			0
2Mary Elizabeth Collins	(1)	95,704	0	0	13,219	45,287	154,210	
Secretary of the Corporation	(11)		0	0	0		134,210	0
3Islaah Crawford	(1)	195,584	0	5,080	24,000	16 146	240,810	0
President & Trustee	(11)			5,080 0 0	24,000	16,146	240,810	0
4Janet S Hallman	(1)	127,696			15.511	0	0	
AVP for Financial Planning and Analysis	(11)			0 	15,514 0	9,955	153,165 	0
5 Gayle R McIntosh	(1)	162,141	_			0	0	
VP for Communications/Chief of Staff	(I) (II)		0 	0	20,151 0	17,280 	199,572	0 0
6Sherry B Mondou	(.)	202.202				0	0	
VP for Finance and Administration	(1)		0	774 0	33,368	25,309 	351,733	0 0
						0	0	
7 Jennifer J Rickard VP for Enrollment	(1)	150,435	0	0	18,492	5,873	174,800	0
	(11)		0	0	0	- 0	0	0
8 Lorin D Seager AVP for Finance	(1)	150,892	0	270	18,360	10,272	179,794	0
	(11)	0	0	0	0	-0	- 0	0
9 J Michael Segawa VP for Student Affairs/Dean	(1)	159,779	0	0	19,254	9,220	188,253	0
of Students	(11)	0	0	0	0		- 0	0
10 John M Hickey AVP Business	(1)	162,852	0	0	19,542	484	182,878	0
Serv/Community Engagement	(11)	0	0	0	0			0
11Duane C HulbertProfessor	(1)	71,468	0	244,973	7,212	18,622	342,275	0
	(11)	0	0	0	0			0
12Helen Elizabeth Kirkpatrick Professor	(1)	0	0	154,573	0	45,525	200,098	0
Professor	(11)	0	0	0	0			0
13Heidi A OrloffProfessor	(1)	0	0	246,079	0	0	246,079	0
	(11)	0	0	0	0			0
14Donald ShareProfessor	(1)	0	0	244,973	0	7,980	252,953	
	(11)	0	0	0	0			0
15John P Woodward	(1)	143,557		0	17,728	15,623	176,908	^
Professor Ementus	(11)		0	0			170,908	0
16 Ronald R Thomas	(1)	250,309		1 0 6 3 3 7 0	3.635	30.403	1 2 2 7 0 4 5	400.704
President Emeritus	(11)		0	1,063,379 0	3,635 0	20,492	1,337,815	400,794 0
17George H Mills Jr	(1)	111,100		350	40.000	0	133.000	
AVP University Relations- Former VP Enrollment	(11)		0	250 0	13,332 0	8,324 	133,006	0
						0	0	

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(F	form 990)				on Tax Exempt Bonds							2016						
		P Complete ii tiid		s, and any additional i	rm 990, Part IV, line 24a. Provide descriptions, al information in Part VI.							2010						
	partment of the Treasury	▶ Informatio	n about Schedule I	► Attach to Form 990 K (Form 990) and its		e ie at u	A/1A/1A/	irs gov/forg	n990				en to P Inspect					
	ernal Revenue Service ne of the organization	K (101111 550) unu 1ts	mati detion	3 13 ac <u>r</u>		in sigot / Torri		Emplo	yer ıden		n numbe							
THE	E UNIVERSITY OF PUGET SOUND									91-05	64961							
P	art I Bond Issues																	
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price		(f) Description	n of purpose	(g) De	efeased) On		Pool			
													alf of uer	financing				
										Yes	No	Yes	No	Yes	No			
A	Washington Higher Education Facilities Authority (WHEFA)	91-1306482	939781Q78	10-01-2012	hal		hall/	Finance construction of residence hall/ refund O/S WHEFA 2016 bonds			Х		X		Х			
В	Washington Higher Education Facilities Authority (WHEFA)	91-1306482	939781R51	10-01-2012	29,1	.95,000	Refui bond		g WHEFA 2006E		Х		X		×			
P	art III Proceeds										<u> </u>			l				
_						A		В		C				D				
1	Amount of bonds retired						0		0									
2	Amount of bonds legally defeas	sed					0		0									
3	Total proceeds of issue				38,389,443													
4	Gross proceeds in reserve fund	s			0 0													
5	Capitalized interest from proce	eds			836,056 0		0											
6	Proceeds in refunding escrows						0		0									
7	Issuance costs from proceeds .					428	428,511 201,161											
8	Credit enhancement from proce	eeds					0	0 0										
9	Working capital expenditures fr	rom proceeds					0 0											
10	Capital expenditures from proc	eeds			17,509,876 0		0											
11	Other spent proceeds				19,615,0		5,000	000 28,993,841										
12	Other unspent proceeds						0 0											
13	Year of substantial completion				2013		20:											
					Yes	No	•	Yes	No	Yes	No		Yes		No			
14	Were the bonds issued as part	of a current refunding	ıssue [?]	•	Х			X										
15	Were the bonds issued as part	of an advance refundi	ing issue?			X			Х									
16	Has the final allocation of proce	eeds been made?			X			X										
17 Does the organization maintain adequate books and records to support the final allocation of				×			X				$\neg +$							
	proceeds?		<u> </u>		^			^										
Pa	art IIII Private Business U	se							1									
						A Na	-	В		C				D	No.			
1	Was the organization a partner financed by tax-exempt bonds				Yes	X		Yes	No X	Yes	No		Yes		No			
2	Are there any lease arrangeme	nts that may result in	private business use			х			х									
Ear	Panerwork Reduction Act Noti				Ca	t No 50	01035	<u> </u>	<u>'</u>		c	chadul	e K (Ec	rm 996	1) 2016			

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Part IV

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Page 2

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Schedule K (Form 990) 2016

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Yes

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No

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Yes

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C

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Χ

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Yes

0 %

0 %

0 %

В

Yes

Χ

Х

Χ

Are there any research agreements that may result in private business use of bond-financed property?	
If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	
Enter the percentage of financed property used in a private business use by entities other than	Π

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Arbitrage

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

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

Were gross proceeds invested in a guaranteed investment contract

requirements of section 148? . . .

applicable regulations?

Return Reference

Washington Higher Education

Schedule K, Part II, Line 3-10/01/2012 38.382.135

Facilities Authority

Yes

Χ

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

Total proceeds of issue is greater than that reported in Part 1, column (E) due to investment earnings

Explanation

Yes

No

Х

Х

Nο

Yes

No

Χ

Х

Nο

Yes

Yes

Yes

No

No

Yes

Page 3

No

D

Nο

Yes

Schedule K (Form 990) 2016

(GIC)?

period?

Part V

Part VI

Return Reference	Explanation
Schedule K, Part II, Line 3-10/01/2012 29,195,000 Washington Higher Education Facilities Authority	Total proceeds of issue is greater than that reported in Part 1, column (E) due to investment earnings

efile GRAPHI	C print - DO NO	T PROCES	S As F	iled Data -					DL	.N: 93	4931	350	92528				
Schedule L (Form 990 or 990	D-EZ)		► Comp rm 990, P	ns with In lete if the orga art IV, lines 2!	anization and 5a, 25b, 26, 3	swered 27, 28a, 28b,		Bc,			мв No 2(
Department of the Tre Internal Revenue Serv	asurv	ormation ab	► Atta	n 990-EZ, Part ch to Form 99 ule L (Form 99 <u>www.irs.gov</u>	0 or Form 99 00 or 990-EZ	0-EZ.	ructio	ns is	at		Dpen Inst	to P	ublic				
Name of the org THE UNIVERSITY O	anization							-	yer ide	entifica							
	ess Benefit Trar						rganız	ation		ne 40h							
) Name of disquali			Relationship be				(c) [Descript ansacti	tion of) Cor es	rected? No				
4958 3 Enter the a	mount of tax incur mount of tax, if an ans to and/or I	y, on line 2, a	 bove, reim	bursed by the o	rganization .		. :	•	. •	\$ \$	the ord	Janiza	ution				
rep (a) Name of	orted an amount o				rm 990, Part X, line Purpose (d) Loar	, 6, or 22 o or from the		al (f) Balance	e (g	(g) In default?		(g) In		(h) Approved by board or committee?		i)Writ	tten
			То	From			Yes	No	Yes	No	Yes		No				
Total					\$												
Con	nnts or Assistar nplete if the orga rested person (b int	anization an:) Relationship erested perso	swered "Y between in and the		990, Part IV,	(d) Type	of assi	ıstano	ce	(e) Pu	rpose o	of ass	ıstance				
		organızat	ion														
For Danerwork Dec	fuction Act Notice s	ee the Instru	ctions for Ec	rm 990 or 990-i	.7 . (:	± No 50056∆		6.	hadula	l /Earm	000 0	- 000	E7) 2016				

(h) Relationship

Schedule L (Form 990 or 990-EZ) 2016

Return Reference

(a) Name of interested person

(d) Description of transaction

Page 2

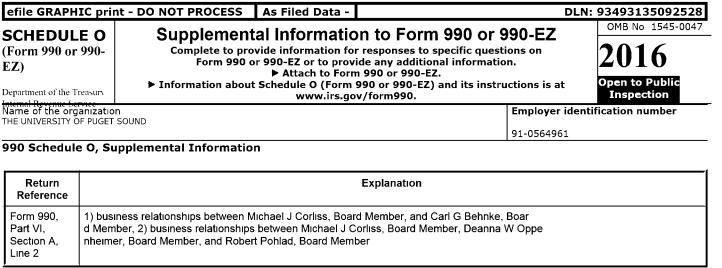
(a) Name or Interested person	between interested person and the organization	transaction	(d) Description of transaction	of organization revenues?		
				Yes	No	
(1) Nancy Beers	Family member of non- trustee officer employed by the university as Admin Assistant Psychology	27,530	Compensation		No	
(2) Sara Inveen	Family member of trustee employed by the university as Development Officer	84,000	Compensation		No	
(3) Columbia Hospitality	An entity more than 35% directly owned by spouse of current trustee		Contract for oversight of dining and conference services		No	
Part V Supplemental Informati Provide additional information	on for responses to questions on S	Schedule L (see instruction	ons)			

(c) Amount of

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493135092528 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE UNIVERSITY OF PUGET SOUND 91-0564961 Part I **Types of Property** (a) (b) (c) (d) Noncash contribution Check If Number of contributions or Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . Χ 4,600 Estimated FMV & appraisals 2 Art—Historical treasures Art—Fractional interests Х 6,072 Estimated FMV 4 Books and publications 5 Clothing and household 3,390 Estimated FMV Х goods Cars and other vehicles Boats and planes . . 8 Intellectual property . Securities—Publicly traded . Χ 513,571 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 . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . . Χ 68 1,928 Estimated FMV **19** Food inventory . 20 Drugs and medical supplies . **21** Taxidermy 8,384 Estimated FMV Χ 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . Other ▶ (20.588 Estimated FMV 25 Х Furniture) 26,190 Value of certificates 26 Other ▶ (Χ 58 Gift certificates) Х 27 1,701 Value of tickets Other ▶ (Event tickets) Number of Forms 8283 received by the organization during the tax year for contributions 2 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a No b If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J Schedule M (Form 990) (2016)

Schedule M (Form 990) (2016)	Page 2						
I, column (b), the	information. nation required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part number of contributions, the number of items received, or a combination of both. Also complete dditional information.						
Return Reference	Explanation						
Schedule M, Part I	Column B - The number of contributions represent a combination of the number of items received and the number of contributions received For publicly traded securities, the number represents each gift of stock and not the number of shares received						
Schedule M, Part I, Line 32b	The university utilizes third parties, such as brokers, auctioneers, or dealers, to assist in cost-effective liquidation of securities and real and tangible property, as appropriate, and to maximize the net gift received. The university has no related organization that perform this function						
	Schedule M (Form 990) (2016)						



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

Return Explanation Reference

Form 990. Annually, non-trustee officers and the Board of Trustees meet compliance requirements with a Conflict of Interest questionnaire and the Secretary of the Corporation monitors and ma Part VI.

Section B. nages responses

990 Schedule O, Supplemental Information

Line 12c

Return

Reference		
Form 990, Part VI, Section B, Line 15	The university follows the rebuttable presumption of reasonableness procedures identified in Treasury Regulation section 53 4958-6, which require the following three conditions to be met 1) all elements of compensation (compensation arrangements) are approved in advance by an authorized body which is the governing body, a committee of the governing body or other parties authorized by the governing body of the organization who do not have a conflict of interest with respect to the compensation arrangements, 2) prior to making the determination, the authorized body obtains and relies upon appropriate data as to comparability, and 3) the authorized body adequately documents the basis for its determination regarding compensation arrangements concurrently with making the decision	

Explanation

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 19

The governing documents and conflict of interest policy are available to the public upon r
equest The financial statements of the university are available on the website and a pape
r format is available upon request

Return Explanation
Reference

Form 990,
Part XI, Line

Other adjustments and changes including the change in fair value of interest rate swap agreements \$4,404,599

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

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

2016

DLN: 93493135092528 OMB No 1545-0047

> Open to Public Inspection

Internal Revenue Service					Insp	ection	
Name of the organization THE UNIVERSITY OF PUGET SOUND				Employer identi	fication number		
THE UNIVERSITY OF PUGET SOUND				91-0564961			
Part I Identification of Disregarded Entities Complet	e if the organization answe	red "Yes" on Form	990, Part IV, line 3	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (stat or foreign country)	e Total income	(e) End-of-year assets	(f) Direct controlling entity]	
(1) Rainier Heights Holdings LLC 600 University Street Suite 3600 Seattle, WA 98101	Accept, manage, and liquidate real estate	WA	0	2,288,872	The University of Puget Sou	ınd	_
							_
							-
							-
Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax year	ar.						
(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	Section (13) co ent	ntrolled ity?
(1)Northwest Academic Computing Consortium IncPO Box 17215	Promote the development and use of advanced	OR	501(c)3	11a Type 1		Yes	No No
Portland, OR 97217 84-1172799	technology				N/A	\perp	
						+	
						+	
For Paperwork Reduction Act Notice, see the Instructions for For	m 990.	Cat No 5013!	5Y		Schedule R (Form	990) 20	16

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

(a) Name, address, and EIN of related organization	Primary Legal domice (staff or foreign)	Primary	domicile controlli (state entity or foreign	rimary Legal ctivity domicile of (state or	Direct Pred controlling entity unr exclu tax	Direct e controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Dispropr allocat	tionate ions? a	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			General or managing		General or managing		General or managing partner?		General or managing		General or managing		(k) Percentage ownership
				314)			Yes	No	1	Yes	No														
Part IV Identification of Related Organizations Taxable as a Co because it had one or more related organizations treated as a					ation answ	ered "Yes	" on Fo	orm 9	90, Part IV,	line	34														

Part IV Identification of Related Orga because it had one or more relate (a) Name, address, and EIN of related organization			during the tax ye	ar. (e)	(f)	on Form 990,	Part IV, line 3		
Name, address, and EIN of		Legal domicile	Direct controlling			(a)	/h\	1 /	
		country)	entity	(C corp, S corp, or trust)	Share of total income	Share of end-of- year assets	Percentage ownership	Section (13) co	i) 512(b) introlled iity?
(1)CVI GVF Holdings 13 Ltd PO Box 309GT Ugland House S Church St George Town, Grand Cayman KY1-1104 CJ	Hold endowment investments	а	The University of Puget Sound	С		1,180,486	100 %		No
(2)Charitable Remainder Trusts (15) 1500 N Warner St CMB 1075 Tacoma, WA 98416	Beneficial Interest	WA	N/A	Т					No
(3)Charitable Lead Annuity Trust (1) 1500 N Warner St CMB 1075 Tacoma, WA 98416	Beneficial Interest	WA	N/A	Т					No
						Sal	edule R (Form	990) 20	016

Schedule K (Form 990) 2010		Po	age 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1r		No

m	Performance of services or membership or fundraising solicitations by related organization(s)			1m Yes	;
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	No
О	Sharing of paid employees with related organization(s)			10	No
р	Reimbursement paid to related organization(s) for expenses			1р	No
q	Reimbursement paid by related organization(s) for expenses			1q	No
r	Other transfer of cash or property to related organization(s)			1r	No
s	Other transfer of cash or property from related organization(s)			1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	ng covered relationships and tra	nsaction thresholds		
	Name of related organization Trai	(b) (c) nsaction Amount involved the (a-s)	(d) Method of determining amou	ınt ınvolv	ed
(1) C	VI GVF Holdings 13 Ltd f	520,410	Cash Dıvıdends		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ox managing partner?		(k) Percentage ownership
			514)	Yes	No	! ,		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	0) 2016

Schedule R (Form 990) 2016 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2016