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Form	JJU-ET	

Revenue

Short Form

OMB No. 1545-1150

2017

Return of Organization Exempt From Income Tax

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

Open to Public Inspection Department of the Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2017 calendar year, or tax year beginning , 2017, and ending 07/01 06/30 , 20 18 C Name of organization B Check if applicable: D Employer identification number WHITMAN COLLEGE 21ST CENTURY TRUST 91-6526001 Address change Room/suite Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return 345 BOYER AVENUE (509) 527-5592 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return WALLA WALLA, WA 99362 Number **>** Application pending Other (specify) 🖌 Cash H Check ► ✓ if the organization is **not G** Accounting Method: Accrual required to attach Schedule B I Website:► N/A (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - **v** 501(c)(3) 527 └ 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or **K** Form of organization: ✓ Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 0 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 1 2 Program service revenue including government fees and contracts 2 3 3 . . 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a h Less: cost or other basis and sales expenses 5b С Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c 0 Gaming and fundraising events 6 Gross income from gaming (attach Schedule G if greater than а 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . 6b Less: direct expenses from gaming and fundraising events . . . 6c С Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract d line 6c) 6d 0 Gross sales of inventory, less returns and allowances 7a 7a 7b h Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 С 8 0 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 0 10 Grants and similar amounts paid (list in Schedule O) . . 10 0 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15

Expenses 16 16 0 17 17 0 Excess or (deficit) for the year (Subtract line 17 from line 9) 0 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 1,053 20 Other changes in net assets or fund balances (explain in Schedule O) 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 1.053

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990-EZ (2017)					Page 2
Pa	rt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to an				<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			1,053		1,053
23	Land and buildings		•••••		23	
24 25	Other assets (describe in Schedule O)		•••••	0 1,053		0 1,053
25 26	Total liabilities (describe in Schedule O)		•••••	1,053	-	1,053
20	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	1,053	-	1,053
	t III Statement of Program Service Accom	<u> </u>	,			.,000
	Check if the organization used Schedule	• •		·		Expenses
Wha	t is the organization's primary exempt purpose?	(CONTINUED ON SO	CHEDULE O)			uired for section c)(3) and 501(c)(4)
Desc	cribe the organization's program service accompli	shments for each of	f its three largest p	ogram services,	orgar	nizations; optional for
	neasured by expenses. In a clear and concise m		e services provided	, the number of	other	s.)
<u> </u>	ons benefited, and other relevant information for ea	ach program title.				1
28	PROVIDE SUPPORT FOR WHITMAN COLLEGE					
	(Grants \$ 0) If this amount	includes foreign gra	nts check here		28a	0
29				· · · ► 🗆	20a	0
20						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	► 🗌	29a	
30						
	· · · · · · · · · · · · · · · · · · ·	includes foreign gra			30a	
31	Other program services (describe in Schedule O)				o4 -	
32		includes foreign gra	Ints, check here .	· · · ►	31a 32	0
-	t IV List of Officers, Directors, Trustees, and Key					-
T GI	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,	<u> </u>	<u> </u>
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		Estimated amount of ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		•
	CY B. SERRURIER	0.0				
CHA		0.0	0	(ו	0
	EPH C. DAVIS	0.0				
	ER HARVEY		0		0	0
IKE	ASURER	0.0				
	ASURER	0.0	0))	0
	ASURER	0.0				
	ASURER	0.0				
	ASURER	- 0.0				
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	ASURER	- 0.0 				
	ASURER	- 0.0				
	ASURER	- 0.0 				
	ASURER	- 0.0 				
	ASURER	- 0.0 				
	ASURER					

Form 99	90-EZ (2017)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
		5 i ait	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b 38a	Did the organization file Form 1120-POL for this year?	37b		~
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► NONE			
42a		509) 52		36
b	Located at ► 345 BOYER AVENUE, WALLA WALLA, WA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	993	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b		v
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ►	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		~
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		~

Form 990-EZ (2017)

Form 9	90-EZ (2017)					F	Page 4
						Yes	No
46	Did the organization engage, directly or i to candidates for public office? If "Yes,"	ndirectly, in political of	campaign activities on	behalf of or in opp	osition	Gall	
Part			, Part I		46		\checkmark
Part	All section 501(c)(3) organization		estions 17-19h and	52 and complete	the tables f	or lin	00
	50 and 51.	is must answer que					63
	Check if the organization used Sc	hedule O to respon	d to any question in t	his Part VI			
						Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	n in effect during	the tax	100	110
	year? If "Yes," complete Schedule C, Pai	rt II			47		1
48	Is the organization a school as described i	n section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E	48	1	1
49a	Did the organization make any transfers t	to an exempt non-cha	aritable related organiz	zation?	49a		1
b	If "Yes," was the related organization a se	ection 527 organizatio	on?		49b		
50	Complete this table for the organization's	s five highest comper	sated employees (oth	er than officers, dir	ectors, truster	es, an	d key
1.00	employees) who each received more than	n \$100,000 of compe	nsation from the organ	nization. If there is r	none, enter "N	lone."	
		(b) Average	(c) Reportable	(d) Health benefits, contributions to employ		ad amou	int of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and defer			
				compensation			
NONE							
							5
				2 A			
51	Complete this table for the organization \$100,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."	contractors who e	ach received	more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c) Compensati	on	
NONE				1 es.			
				15 g 2 g 2 g 2 g 2 g 2 g 2 g 2 g 2 g 2 g			1
	5 C						
				s 1.	=	13	
		·	N. 51				
			L				
	Total number of other independent contra			· · ·			
52	Did the organization complete Schedu	ile A? Note: All se				_	
	completed Schedule A				► ✓ Yes		10
	enalties of perium, declare that I have examined this r rect, and complete. Declaration of preparer (other than				y knowledge and	belief, i	it is
		sensory to based on all lift	anadon of which preparel h		-110	2	
Sign	Signature of Officer			Dates	117		
Here	DETER HARVEY, TRUSTEE	2		Date			
i lei e	Type or print name and title	V					-
	Print/Type preparer's name	Preparer's signature	Dat	e l	PTIN		
Paid				Check			
Prepa		1			pioyod		
Use (Firm's name Firm's address		1	Firm's EIN ► Phone no.			
Mav th	e IRS discuss this return with the preparer	shown above? See i	nstructions	I Friorie rio.	. 🕨 🗌 Yes		lo
, in grand and							10

Form 990-EZ (2017)

SCH	EDL	JLI	E	Α	
(Form	990	or	99	0-	EZ)

Public Charity Status and Public Support

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

Attach	to Forn	ו 990 or	Form	990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Name of the organization
Department of the Treasury Internal Revenue Service

WHITMAN COLLEGE 21ST CENTURY TRUST

RUST 91-6526001

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ✓ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

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- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) WHITMAN COLLEGE	91-0567740	2. SCHOOL. SECTION 170(B)(1)(A)(II).	~		0	
(B)						
(C)						
(D)						
(E)						
Total					0	0

Schedule A (Form 990 or 990-EZ) 2017

1

Part	Ile A (Form 990 or 990-EZ) 2017	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	Page 2 /i)
	(Complete only if you checked th						
	Part III. If the organization fails to	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ion B. Total Support	1	1	1	1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc		-			12	
13	First five years. If the Form 990 is for the	•					
	organization, check this box and stop he						🕨 🗌
	ion C. Computation of Public Suppor		·				
14	Public support percentage for 2017 (line		-			14	<u>%</u>
15	Public support percentage from 2016 Scl 33 ¹ / ₃ % support test-2017. If the organ					15	%
16a	box and stop here. The organization qua						
b	33 ¹ / ₃ % support test-2016. If the organi						
IJ	this box and stop here. The organization						
17a		•		•			
iia	10% or more, and if the organization me Part VI how the organization meets the "	eets the "facts	s-and-circumst	ances" test, cl	heck this box	and stop here	. Explain in

10	Drivete foundation lifthe experimentian did not shark a hay on line 19, 16a, 16b, 17a, av 17b, shark this hay and ass
	supported organization
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
b	10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line
	organization
	Part of now the organization meets the facts-and-circumstances test. The organization qualities as a publicly supported

¹⁸ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
-	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
5	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
74	received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disgualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
-	-	i						
	Add lines 7a and 7b							
8								
Conti	line 6.)							
	on B. Total Support	(-) 0010	(1-) 0014	(-) 0015	(-1) 0010	(-) 0017		
	dar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
_	royalties, and income from similar sources .							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for the	•						
	organization, check this box and stop he						🕨 🗌	
-	on C. Computation of Public Suppor							
15	Public support percentage for 2017 (line 8	, ()		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	%	
16	Public support percentage from 2016 Sch					16	%	
	on D. Computation of Investment In					1 1		
17	Investment income percentage for 2017 (-			%	
18	Investment income percentage from 2016					18	%	
19a	331/3% support tests-2017. If the organ							
	17 is not more than $33^{1}/_{3}$ %, check this box		-	-		-		
b	331 /3% support tests - 2016. If the organiz							
	line 18 is not more than 331/3%, check this l		-	-				
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **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.
- **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.
- **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.
- **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 foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 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 substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

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8

9a

9b

9c

10a

10b

V

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Schedu	ile A (Form 990 or 990-EZ) 2017		F	Page 5
Part	V 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	1	~
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		~
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	2	
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		~
Sect	ion C. Type II Supporting Organizations			
	<u></u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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?			
	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			

- 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).*
- **3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

Section 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 instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** 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 (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 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 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.*

2a

2b

3a

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2

3

Yes No

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

Page	6
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1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	Pag
	ion D - Distributions	b) Supporting Organi		Current Year
1	Amounts paid to supported organizations to accomplish	evernt nurnoses		Current Teal
2			orted	
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported oras	nizations	
4	Amounts paid to acquire exempt-use assets	oses of supported orga		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	nonsivo	
0	(provide details in Part VI). See instructions.	in the organization is res	polisive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line 9 amount		(ii)	(:::)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h				
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
~ c	Excess from 2015			
	Excess from 2016			
u u	Excess from 2017			

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.



Name of the Organization WHITMAN COLLEGE 21ST CENTURY TRUST

Employer Identification Number 91-6526001

Return Reference - Identifier	Explanation
FORM 990-EZ, PART III, EXEMPT PURPOSE - PRIMARY EXEMPT PURPOSE	THE TRUST WAS CREATED TO SUPPORT WHITMAN COLLEGE'S SCIENTIFIC, LITERARY, AND EDUCATIONAL PURPOSES