Form **990**

Return of Organization Exempt From Income Tax

6

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 07/01 , 2017, and ending 06/30 20 18 C Name of organization BOARD OF TRUSTEES OF WHITMAN COLLEGE D Employer identification number Check if applicable: Address change Doing business as 91-0567740 Number and street (or P.O. box if mail is not delivered to street address) Name change E Telephone number 345 BOYER AVE П Initial return (509) 527-5592 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return WALLA WALLA, WA 99362-2067 199,559,602 G Gross receipts \$ Application pending F Name and address of principal officer: KATHLEEN MURRAY H(a) Is this a group return for subordinates? Yes No SAME AS C ABOVE H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) √ 501(c)(3) Tax-exempt status: J 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Website: ▶ WWW.WHITMAN.EDU H(c) Group exemption number ▶ Form of organization: ✓ Corporation ☐ Trust Association [M State of legal domicile: L Year of formation: WA Part I Briefly describe the organization's mission or most significant activities: THE MISSION OF WHITMAN COLLEGE IS TO Activities & Governance PROVIDE A RIGOROUS LIBERAL ARTS EDUCATION OF THE HIGHEST QUALITY TO PASSIONATE AND ENGAGED STUDENTS FROM DIVERSE BACKGROUNDS. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 1,908 Total number of volunteers (estimate if necessary) 6 900 Total unrelated business revenue from Part VIII, column (C), line 12 7a (1,712,146)Net unrelated business taxable income from Form 990-T, line 34 7b (1,720,941)**Current Year** 8 Contributions and grants (Part VIII, line 1h). 9,874,836 9,808,963 Revenue Program service revenue (Part VIII, line 2g) 83,624,742 87,512,289 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,715,410 21,470,002 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 1,028,599 742,835 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 111,243,587 119,534,089 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 25,528,147 28,394,538 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 49.638.670 51,387,745 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 45.084.555 47,681,910 Total expenses. Add lines 13-17 (must equal Fart IX, column (A), line 26) 18 11/0.1/61.071 111,404,100 19 Revenue less expenses. Subtract line 18 from line 12 (9,007,785)(7.930,104)Assets or Balances End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 767,088,763 815,697,131 21 Total liabilities (Part X, line 26) 116,615,816 118,638,494 22 Net assets or fund balances. Subtract line 21 from line 20 650,472,947 697,058,637 Part II Signature Block Under penalties of p I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here PETER HARVEY, CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check | if self-employed Preparer Firm's name Firm's EIN ▶ Use Only Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form 990 (2017) Page **2**

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF WHITMAN COLLEGE IS TO PROVIDE A RIGOROUS LIBERAL ARTS EDUCATION OF THE HIGHEST
	QUALITY TO PASSIONATE AND ENGAGED STUDENTS FROM DIVERSE BACKGROUNDS. WHITMAN STUDENTS DEVELOP THEIR
	INTELLECTUAL AND CREATIVE CAPACITIES IN A SUPPORTIVE SCHOLARLY COMMUNITY THAT PRIORITIZES STUDENT LEARNING WITHIN AND BEYOND THE CLASSROOM.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$13,836,256 including grants of \$) (Revenue \$9,492,599)
	AUXILIARY ENTERPRISES: 772 STUDENTS IN COLLEGE-PROVIDED HOUSING, 710 STUDENTS IN COLLEGE-PROVIDED
	BOARD PLANS
4h	(Codo: \(\frac{1}{2}\) (Exponence \(\frac{1}\) (Exponence \(\frac{1}{2}\) (Exponence \(\frac{1}{2}\) (
4b	(Code:) (Expenses \$ 56,887,589 including grants of \$) (Revenue \$ 78,019,690) ACADEMIC INSTRUCTION, SUPPORT AND OTHER PROGRAMS: 1,471 FULL TIME EQUIVALENT STUDENTS, 371
	GRADUATES
	UNADOATES
4c	(Code:) (Expenses \$28,394,538 including grants of \$28,394,538) (Revenue \$)
	INSTITUTIONAL FINANCIAL AID 1,186 STUDENTS RECEIVING INSTRUCTIONAL SCHOLARSHIPS, 547 STUDENTS
	RECEIVING FEDERAL LOANS OR GRANTS
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 99,118,383

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		_	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<i>v</i>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	V	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8	~	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>			,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	V	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	>	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		,
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> .	11e	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	'	
14 a		14a	'	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	_	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,

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Part	Checklist of Required Schedules (continued)		Yes	No
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-		_
	·	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	~	
00			_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	'	
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			
	1	04-	~	
		24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		1
		230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	1	
00		21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	1	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
	•			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	~	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		~
00	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				١.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	~	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		_	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	051	~	
		35b	· ·	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	27		~
60		37		ļ -
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	

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Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
10	Entantha number vanantad in Day 0 of Farms 1000 Entan 0 if not applicable		res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
·	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1,908			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	~	
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	~	
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		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<i>V</i>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
2	a Did the enonsoring organization make any tayable distributions under section 49662			

Part VI

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response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 19 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 1 12c 13 13 ~ 14 1 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 1 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a ~ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ AK, AL, AR, CA, (CONTINUED ON SCHEDULE O) 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: > WALTER FROESE, CONTROLLER, 345 BOYER AVE, WALLA WALLA, WA 99362, (509) 527-4936

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

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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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d orga	aniz	atic	on c	ompe	ensa	ated any currer	t officer, director	r, or trustee.
					C)					
(A)	(B)	(B) Position (D) (do not check more than one						(E)	(F)	
Name and Title	Average hours per	box,	unles	ss pe	erson	is both	n an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any				_	rector/trustee		from	related	other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NANCY B. SERRURIER	1.0									
CHAIR	1.0	1		~				0	0	0
(2) JOSEPH C. DAVIS	1.0									
VICE CHAIR	1.0	1		~				0	0	0
(3) JANICE M. ABRAHAM	1.0									
TRUSTEE	1.0	~						0	0	0
(4) MEGAN FERGUSON CLUBB	1.0									
TRUSTEE	1.0	~						0	0	0
(5) CHRISTINA M DAWSON	1.0									
TRUSTEE	1.0	~						0	0	0
(6) RICHARD FADE	1.0									
TRUSTEE	1.0	~						0	0	0
(7) BARBARA S FEIGIN	1.0									
TRUSTEE	1.0	~						0	0	0
(8) STEPHEN E. HAMMOND	1.0									
TRUSTEE	1.0	~						0	0	0
(9) GORDON H KEANE	1.0									
TRUSTEE	1.0	~						0	0	0
(10) BRADLEY M. MCMURCHIE	1.0									
TRUSTEE	1.0	~						0	0	0
(11) TRICIA P MONTGOMERY	1.0									
TRUSTEE	1.0	~						0	0	0
(12) JAMES R. MOORE	1.0									
TRUSTEE	1.0	~						0	0	0
(13) WILLIAM R NEFF	1.0									
TRUSTEE	1.0	~						0	0	0
(14) DEAN ALLEN NICHOLS	1.0									
TRUSTEE	1.0	~						0	0	0

	(A) Name and title	(B) Average			neck		e than c		(D) Reportable	(E) Reportab	do.		(F)	
	ivanie and due	hours per week (list any hours for related organizations		er and			or/trust employee		compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-N	n from ons	amo comp fro	ount of other ensation on the nization	
		below dotted line)	l trustee or	Institutional trustee		loyee	Highest compensated employee						related nization:	
	CHARLEY W ROSENBERRY	1.0									0			
TRUS'	AKSHAY ANAND SHETTY	1.0	~						0		0			0
TRUS		1.0	~						0		0			0
(17)	JONATHAN N SPOSATO	1.0												
TRUS	TEE	1.0	~						0		0			0
	DENISE GARVEY TABBUTT	1.0												
TRUS		1.0	~						0		0			0
(19) TRUS	JULIA C TAYLOR	1.0	~						0		0			0
	SARAH O. WANG	1.0							0		U			
TRUS		1.0	~						0		0			0
	COURT G WYCKOFF	1.0												
TRUS	TEE	1.0	>						0		0			0
(22)	WILLIAM G. WAY	1.0												
	TEE THRU MAY OF 2018	1.0	~						0		0			0
	KATHLEEN MURRAY	40.0									_			
PRES		40.0			~				466,718		0		8	32,773
(24) CFO	PETER HARVEY	40.0			,				247,164		0		10	1,917
	SEE STATEMENT)	1.0							247,104					1,517
1b	Sub-total								713,882		0			4,690
C	Total from continuation sheets to Part				•		•		1,752,814		0			5,756 0.446
d	Total (add lines 1b and 1c)						obove	<u> </u>	2,466,696	oro than ¢1		O of		0,446
	reportable compensation from the organi		ו נט נו	1056	1151	eu	above	<i>=)</i> vv	42	ore man pr	00,00	0 01		
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key e	emp	oloyee, or high	est compe	nsate	ed 🗔	Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	ividu	ıal					3		~
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater that	an \$1	150,	000)? /:	f "Ye	s,"	complete Sch	edule J fo	r suc			
_	individual				Han						 ماندناماند	4	~	
5	for services rendered to the organization									ation of inc	ividu	ai 5		~
Section	on B. Independent Contractors		011101		-	,000		0, 0	sacri perceri			3		
1	Complete this table for your five highest	compensate	ed inc	dep	end	ent	contr	acto	ors that receive	ed more tha	ın \$10	00,000		
	compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	sation	
LEON	E & KEEBLE, PO BOX 2747, SPOKANE, WA 9	9220						CC	ONSTRUCTION				8,19	7,093
	APPETIT, P. O. BOX 417632, BOSTON, MA 022							_	OOD SERVICES					3,286
	SEIBOLD, 1220 WEST POPLAR, WALLA WA		362					CC	ONSTRUCTION					2,226
	R GUNSUL FRASCA ARCHITECTS LLP, 320 SW OA					OR	97204	AR	RCHITECTS			- 	70	5,394
	SPIE ROOFING, 3400 EAST ISAACS AVE, WA								ONSTRUCTION				65	6,108
2	Total number of independent contractor	•	_					th		ove) who				
	received more than \$100,000 of compens	auon irom t	.iie or	yan	ızaí	ION			15					

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

Part VIII Statement of Revenue

	VIII	Check if Schedule C		resc	onse or note to	anv line in this	Part VIII		\sqcap
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	3	1a					
Gra Ioui	b	Membership dues .		1b					
s, (Am	С	Fundraising events .	-	1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	-	1d					
	е	Government grants (con		1e	839,368				
er S	f	All other contributions, g							
ğ ğ		and similar amounts not inc	L	1f	8,969,595				
ont od (g	Noncash contributions include			2,481,112				
	h	Total. Add lines 1a-1	f	٠.		9,808,963			
Program Service Revenue				-	Business Code				
eve	2a	STUDENT TUITION & F				74,908,164	74,908,164		
ĕ	b	HOUSING & MEAL SEE	RVICES			9,492,599	9,492,599		
ξi	C .	BOOKSTORE				952,855	952,855		
Se	d	MISCELLANEOUS INC	OME		90009	2,158,671	2,158,671		
ran	e	A II - 41					-	-	
rog	I	All other program ser				0	0	0	0
	3	Total. Add lines 2a–2 Investment income	(including	divide	nde interest	87,512,289			
	"	and other similar amo				4,072,008		(1,720,941)	5,792,949
	4	Income from investmen	•			4,072,000		(1,720,541)	0,7 02,040
	5	Royalties		•					
		rioyanioo	(i) Real	İ	(ii) Personal				
	6a	Gross rents	2,409	.353	.,				
	b	Less: rental expenses	1,152	_					
	C	Rental income or (loss)	1,256		0				
	d	Net rental income or ((1)	•	▶	1,256,752			1,256,752
	7a		(i) Securitie		(ii) Other				
		assets other than inventory	96,245	,430					
	b	Less: cost or other basis							
		and sales expenses .	78,847	,436					
	С	Gain or (loss)	17,397	,994	0				
	d	Net gain or (loss) .		٠,	▶	17,397,994			17,397,994
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte		<u></u>					
ther	, h			а					
O	C	Net income or (loss) f			avents >				
		Gross income from ga See Part IV, line 19 .	aming activit	ies.	events . P				
	b	Less: direct expenses Net income or (loss) f			vities ►				
		Gross sales of in returns and allowance	ventory, le	ess	34,271				
	b	Less: cost of goods s		- 1	25,476				
	С	Net income or (loss) f		L		8,795		8,795	
		Miscellaneous R			Business Code				
	11a	RELATED PARTY REV	'ENUE		90009	(522,712)			(522,712)
	b			[
	С								
	d	All other revenue .				0	0	0	0
	е	Total. Add lines 11a-			1	(522,712)			
	12	Total revenue. See in	nstructions.		🕨	119,534,089	87,512,289	(1,712,146)	23,924,983 Form 990 (2017)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 26,913,927 26,913,927 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 1,480,611 1,480,611 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 1.887.620 873.692 700.649 313.279 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 35,652,565 30,221,134 3,834,884 1,596,547 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,247,123 2,689,617 392,311 165,195 Other employee benefits 9 7,632,881 6,322,374 980,190 330,317 10 Payroll taxes 2,967,556 2,458,050 358,534 150,972 11 Fees for services (non-employees): Management Legal 57.743 57.743 107,574 107,574 Lobbying 4,155 4,155 Professional fundraising services. See Part IV, line 17 Investment management fees 12,803,693 f 12,803,693 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 11.372.797 9.532.071 1.763.157 77,569 12 Advertising and promotion 13 Office expenses 2,036,872 919,705 861,931 255,236 14 Information technology 15 Occupancy 2.107.069 16 2.241.563 121.045 13.449 3,649,552 3,014,907 593,659 40,986 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 2,501,206 2,351,134 135,065 15,007 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 6,948,968 6,421,214 368.879 158,875 23 751,979 230.174 521.805 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMMUNICATIONS 1,080,693 739.590 144.262 196.841 а **SUPPLIES** 4,361,850 3,079,849 1,250,239 31,762 PAUL GARRETT EXPENSES (236,735)С (236,735)d 0 All other expenses 0 0 0 е **Total functional expenses.** Add lines 1 through 24e 25 127,464,193 99,118,383 24.999.775 3,346,035 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 following SOP 98-2 (ASC 958-720) if

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	tX		
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			19,837,295	1	2,865,658
	2	Savings and temporary cash investments		[22,482,980	2	33,826,879
	3	Pledges and grants receivable, net	19,696,306	3	14,224,493		
	4	Accounts receivable, net	427,154	4	428,845		
	5	Loans and other receivables from current and trustees, key employees, and highest complete Part II of Schedule L	mpen		0	5	0
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	ributing employers and mployees' beneficiary		6	0	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			259,013	8	243,893
	9				699,033	9	624,519
	10a	Land, buildings, and equipment: cost or					- ,
		other basis. Complete Part VI of Schedule D	10a	250,414,731			
	b	Less: accumulated depreciation	10b	85,661,125	141,783,329	10c	164,753,606
	11	·			237,221,255	11	273,083,232
	12	Investments—other securities. See Part IV, line	-	320,750,733	12	322,204,853	
	13	Investments-program-related. See Part IV, line		2,536,242	13	2,191,573	
	14	Intangible assets	-		14		
	15	Other assets. See Part IV, line 11		1,395,423	15	1,249,580	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	34)	767,088,763	16	815,697,131
	17	Accounts payable and accrued expenses			8,173,723	17	12,450,599
	18	Grants payable		[3,020,544	18	1,399,148
	19	Deferred revenue	1,416,262	19	1,045,348		
	20	Tax-exempt bond liabilities		[72,090,590	20	71,282,748
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D .		21	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compendisqualified persons. Complete Part II of Schedu	sated			200	
ja				_		22	0
_	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		·		23 24	
	25 25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payab s 17-2	les to related third 4). Complete Part X			
		of Schedule D		L	31,914,697	25	32,460,651
	26	Total liabilities. Add lines 17 through 25			116,615,816	26	118,638,494
ces		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and		ck here ► 🗹 and			
an	27	Unrestricted net assets			264,788,184	27	286,285,483
Bal	28	Temporarily restricted net assets			209,320,366	28	226,809,040
Net Assets or Fund Balances	29	Permanently restricted net assets			176,364,397	29	183,964,114
3	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or ed		F		31	
As	32	Retained earnings, endowment, accumulated in				32	
<u>f</u> et	33	Total net assets or fund balances			650,472,947	33	697,058,637
_	34	Total liabilities and net assets/fund balances .			767,088,763	34	815,697,131

Form 990 (2017) Page **12**

Par	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		~			
1	Total revenue (must equal Part VIII, column (A), line 12)	•	119,53	4,089			
2	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Total expenses Total expenses Sequence of the description of the sequence of the sequenc		127,46	4,193			
3	Revenue less expenses. Subtract line 2 from line 1		(7,930),104)			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	(550,47	2,947			
5	Net unrealized gains (losses) on investments		46,82	1,708			
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments						
9							
10							
		(97,05	8,637			
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>					
			Yes	No			
1		_					
		n					
2a	· · · · · · · · · · · · · · · · · · ·			~			
		r					
	•						
	· · · · · · · · · · · · · · · · · · ·						
b	, ,	. 2b	~				
		a					
С							
			~				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	n					
_							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
	•	· 3a	~				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.						
	required addit of addits, explain why in otherdie of and describe any steps taken to undergo such addits.	3b	000	(2017)			
		Eor.	m 44 []	(2017)			

(A) Name and Title	(B) Average hours per week (list any hours for related			C) Po	ositio that ap	n oply)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(25) JOHN W. BOGLEY	40.0				,				_	
VP FOR DEVELOPMENT AND ALUMNI RELATIONS					\			227,198	0	98,345
(26) TONY CABASCO	40.0				/			004.440		44.050
DEAN OF ADMISSION & FINANCIAL AID					✓			204,149	0	44,259
(27) JOSHUA JENSEN	40.0									
VICE PRESIDENT FOR ENROLLMENT AND COMMUNICATIONS	40.0			~				161,086	0	25,876
(28) DAN M. TERRIO	40.0				1			161,706	0	35,487
CHIEF INFORMATION OFFICER					•			101,700		35,407
(29) ALZADA TIPTON	40.0				,					
PROVOST AND DEAN OF THE FACULTY					>			220,455	0	38,719
(30) DAVID F. SCHMITZ	40.0					/		176,132	0	32,127
FACULTY						•		170,102		52,127
(31) CHRISTOPHER PONCE	40.0					,				
ASSOCIATE VP FOR DEVELOPMENT						V		171,846	0	46,266
(32) PATRICK SPENCER	40.0					/		151,229	0	36,198
PROFESSOR OF GEOLOGY						•		151,229	0	30,196
(33) CAROLINE S WEILER YANCEY	40.0					/		143,686	0	26,530
SENIOR RESEARCH SCIENTIST						•		145,000		20,330
(34) DANA BURGESS	40.0					/		135,327	0	31,949
PROFESSOR OF HUMANITIES						•		100,021	0	01,040

SCHEDULE A (Form 990 or 990-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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 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: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 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.) 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 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. 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. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 **(e)** 2017 (f) Total Gifts, grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 15.953.236 14.672.977 16.276.959 9.874.836 9.808.964 66.586.972 revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. . . . 15.953.236 14.672.977 16.276.959 9.874.836 9.808.964 4 66.586.972 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4,845,592 Public support. Subtract line 5 from line 4 61,741,380 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 15,953,236 14,672,977 16,276,959 9,874,836 9,808,964 66,586,972 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 2,873,362 8,202,302 8,840,846 8,670,232 8,067,586 36,654,328 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 103,241,300 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 59.80 % Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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 falls to quality	under the te	sts listed bei	ow, piease co	implete Fart	11.)	
	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						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	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	e organizatio	⊥ n's first. secon	d. third. fourth	ı. or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	•					. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8		<u> </u>	3, column (f))		15	%
16	Public support percentage from 2016 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2016					18	%
19a	331/3% support tests-2017. If the organi					nore than 331/3	
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz		_	-		_	_
	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization di						

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

	a sapple a Grand and a sapple a		Vac	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	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
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.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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)	75		
5a	purposes. 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).	4c 5a		
b		5b		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c 6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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.	9с		
0a	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.	10a		
b		10a		

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		
	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
•		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sooti	on C. Type II Supporting Organizations	2		
Section	on c. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or tructoes during the tay year also a majority of the directors		162	140
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Mr. salita 2 2 2		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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		
Section	on 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 i	nstru	ctions	s).
а	☐ 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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		, ,	Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
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 which							
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2017 from Section C, line 6							
10								
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) 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							
a								
b	From 2013							
C	From 2014							
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
i_	Carryover from 2012 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
C	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:							
a	Excess from 2013							
b	Excess from 2014							
c	Excess from 2015							
d	Excess from 2016							
е	Excess from 2017							

Part VI

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

Return Reference - Identifier	Explanation
	WHITMAN COLLEGE ALSO QUALIFIES FOR PUBLIC CHARITY STATUS AS A SCHOOL DESCRIBED IN SECTION 170(B)(1)(A)(II).

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals, Complete Parts I. II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-E2. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

	see separate instructions), ti						
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.					
	of organization			' '	ntification number 91-0567740		
		F TRUSTEES OF WHITMAN COLLEGE					
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a section 527 o	organization.		
1		f the organization's direct and in-	direct political ca	mpaign activities in Part	IV. (see instructions for		
	definition of "political can						
2		y expenditures (see instructions) .) 		
3		cal campaign activities (see instruc					
Part	-	e organization is exempt und					
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ \$; 		
2	Enter the amount of any	excise tax incurred by organizatior	n managers under	section 4955 ▶ \$;		
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No		
4a	Was a correction made?				Yes No		
b	If "Yes," describe in Part						
Part	I-C Complete if the	e organization is exempt und	er section 501(d	c), except section 501	(c)(3).		
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function			
	activities			▶ \$			
2	Enter the amount of the	filing organization's funds contrib	uted to other org	anizations for section			
	527 exempt function acti	vities		▶ \$			
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,			
	line 17b			\$			
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No		
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all se	ection 527 political organi	zations to which the filing		
		ents. For each organization listed,					
		ontributions received that were pro					
	as a separate segregated	fund or a political action committe	e (PAC). If additior	nal space is needed, provi	de information in Part IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political		
	• •		, ,	filing organization's	contributions received and		
				funds. If none, enter -0	promptly and directly delivered to a separate		
					political organization.		
					If none, enter -0		
/4\							
(1)							
(2)							
(2)							
(2)							
(3)							
(4)							
(4)							
(5)							
(5)							
(0)							
(6)							

Cat. No. 50084S

Page	2

Pa	rt II-A	Complete if the organization section 501(h)).	on is exempt ι	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A	Check ►	if the filing organization beloaddress, EIN, expenses, and				liated group memb	er's name,
В	Check ►	if the filing organization chec	ked box A and '	'limited control" pr	ovisions apply.		
		Limits on Lob	bying Expendit	ures		(a) Filing	(b) Affiliated
		(The term "expenditures" n	neans amounts	paid or incurred.		organization's totals	group totals
1	a Total lo	obbying expenditures to influence	e public opinion	(grass roots lobby	ing)		
	b Total lo	obbying expenditures to influence	e a legislative bo	ody (direct lobbying	g)		
	c Total lo	obbying expenditures (add lines					
	d Other	exempt purpose expenditures .					
	e Total e	xempt purpose expenditures (ad	d lines 1c and 1	d)			
•	f Lobbyi columr	ng nontaxable amount. Enter	the amount fr	rom the following	table in both		
	If the ar	mount on line 1e, column (a) or (b) is	s: The lobbying	nontaxable amount	t is:		
	Not ove	r \$500,000	20% of the an	nount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess or			
	Over \$1	7,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25% of line 1f)						
	h Subtra	ct line 1g from line 1a. If zero or	ess, enter -0-				
	i Subtra	ct line 1f from line 1c. If zero or le	ess, enter -0-				
Ì	-	e is an amount other than zerong section 4911 tax for this year		1h or line 1i, did	-	i i	Yes No
	(Som	e organizations that made a se See th	ection 501(h) ele e separate insti	ructions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
		Lobbyin	g Expenditures	During 4-Year A	veraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2	a Lobbyi	ng nontaxable amount					
		ng ceiling amount of line 2a, column (e))					
	c Total lo	obbying expenditures					
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))					
	f Grassr	oots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768	•	
For 6	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	ription of the lobbying activity.	Yes	No	Aı	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		~			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		~			
С	Media advertisements?		٧			
d	Mailings to members, legislators, or the public?		~			
е	Publications, or published or broadcast statements?		~			
f	Grants to other organizations for lobbying purposes?	~				4,006
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~				149
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		/			
!	Other activities?		~			4 4 5 5
J	Total. Add lines 1c through 1i		~			4,155
2a b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5). (or sec	etion		
	501(c)(6).	,,-,, ·				
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	year?	3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year		2b			
С	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 o excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	-	5			
Par	• •					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	t); Par	t II-A, I	ines 1	and
-						
SEE	NEXT PAGE					

D۵	rt	IV.
гα	н.	IΝ

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	\$4,006IS THE AMOUNT OF DUES PAID TO THE INDEPENDENT COLLEGES OF WASHINGTON ALLOCATED TO LOBBYING EFFORTS BY ICW.

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedu	e D (Form 990) 2017								Page 2
Part	,	Collections of A	Art, Historical	Treasures	, or O	ther Similar	Asse	ets (cont	
3	Using the organization's acquisition, a collection items (check all that apply):		<u> </u>						
а	✓ Public exhibition		d 🗸 Loa	n or exchan	ge prog	ırams			
b	Scholarly research		e 🗌 Oth						
С	✓ Preservation for future generations								
4	Provide a description of the organizat	ion's collections a	nd explain how	they further	the org	ganization's ex	emp	t purpose	e in Par
	XIII.								
5	During the year, did the organization	solicit or receive	donations of art	, historical t	reasure	s, or other sim	nilar		
	assets to be sold to raise funds rather	than to be mainta	ined as part of tl	ne organizat	ion's co	ollection? .		☐ Yes	✓ No
Part	V Escrow and Custodial Arra	ngements.							
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, lin	e 9, or	reported an a	amo	unt on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, included on Form 990, Part X?						not		
L	If "Yes," explain the arrangement in Pa						•	Yes	☐ No
b	ii res, explain the arrangement in Fa	irt Alli and comple	te the following	lable.			Amo	ount	
С	Beginning balance				10		7 11110		
d					10				
e	Distributions during the year				16				
f	Ending balance				11				
2a	Did the organization include an amoun						itv?	☐ Yes	□ No
	If "Yes," explain the arrangement in Pa	•					•		
Pari					p. c. c. c.				
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two year	ırs back	(d) Three years b	ack	(e) Four year	ars back
1a	Beginning of year balance	492,753,694	451,574,678	3 485,	516,507	477,132,4	462	414,	,542,107
b	Contributions	5,616,288	3,489,422	2 3,9	982,729	14,097,4	456	7,	,296,996
С	Net investment earnings, gains, and								
	losses	72,779,836	72,412,669	9 (11,9	35,555)	21,872,0	078	81,	,310,916
d	Grants or scholarships	9,827,166	9,543,650	0 8,8	308,436	8,160,	101	7,	,636,808
е	Other expenditures for facilities and								
_	programs	14,509,468	14,078,112	_	338,589		_		,893,190
f	Administrative expenses	11,961,509	11,101,31		341,978		_		487,559
g	End of year balance	534,851,675	492,753,694		574,678		507	4//,	,132,462
2	Provide the estimated percentage of the	=		g, column (a	a)) neid	as.			
a b	Board designated or quasi-endowment Permanent endowment ► 32.	t ►30.00 00 %	70						
C	Temporarily restricted endowment	38.00 %							
·	The percentages on lines 2a, 2b, and 2		10%						
3a	Are there endowment funds not in the	•		nat are held	and ad	lministered for	the		
	organization by:		.					Ye	s No
	(i) unrelated organizations							3a(i) 🗸	
	(ii) related organizations							3a(ii) •	/
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as required on S	Schedule R?	٠			3b •	/
4	Describe in Part XIII the intended uses	of the organizatio	n's endowment	funds.				-	'
Part									
	Complete if the organization	answered "Yes"	on Form 990,	Part IV, lin	e 11a.	See Form 99	0, P	art X, lin	e 10.
	Description of property	(a) Cost or oth (investme	1 ' '	or other basis (other)		Accumulated epreciation		(d) Book v	alue
1a	Land	7	,797,909	8,366,060				16,	,163,969
b	Buildings	5	,905,025	221,314,841		82,901,916		144,	317,950

D	Bullaings	5,905,025	221,314,841	82,901,916	144,317,950
С	Leasehold improvements				
d	Equipment		4,876,054	2,759,209	2,116,845
е	Other		2,154,842		2,154,842
Total.	164,753,606				

Complete if the organization answered "Yes" on I (a) Description of security or category (including name of security) (1) Financial derivatives	(b) Book value	(c) Method of valuation: Cost or end-of-year market value END OF YEAR MARKET VALUE END OF YEAR MARKET VALUE END OF YEAR MARKET VALUE
(2) Closely-held equity interests	(5,226,027) 283,760,753 322,204,853	END OF YEAR MARKET VALUE
(3) Other (A) COMMINGLED TRUSTS (B) INVESTMENT SHARES BELONGING TO RELATED ENTITIES (C) ALTERNATIVE INVESTMENTS (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on I (a) Description of investment (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 answered "Yes" on I (a) Description (1) (2) (3)	(5,226,027) 283,760,753 322,204,853	END OF YEAR MARKET VALUE
(A) COMMINGLED TRUSTS (B) INVESTMENT SHARES BELONGING TO RELATED ENTITIES (C) ALTERNATIVE INVESTMENTS (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on I (a) Description of investment (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 answered "Yes" on I (a) Description (1) (2) (3)	(5,226,027) 283,760,753 322,204,853	END OF YEAR MARKET VALUE
(B) INVESTMENT SHARES BELONGING TO RELATED ENTITIES (C) ALTERNATIVE INVESTMENTS (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Is (a) Description of investment (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 answered "Yes" on Is (a) Description (1) (2) (3)	(5,226,027) 283,760,753 322,204,853	END OF YEAR MARKET VALUE
(C) ALTERNATIVE INVESTMENTS (D) (E) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on factor (a) Description of investment (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 answered "Yes" on factor (a) Description (1) (2) (3)	283,760,753 322,204,853	
(D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on I (a) Description of investment (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 answered "Yes" on I (a) Description (1) (2) (3)	322,204,853	END OF YEAR MARKET VALUE
(E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Is (a) Description of investment (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 answered "Yes" on Is (a) Description (1) (2) (3)		
(F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on F (a) Description of investment (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 answered "Yes" on F (a) Description (1) (2) (3)		
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on I (a) Description of investment (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 answered "Yes" on I (a) Description (1) (2) (3)		
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on It (a) Description of investment (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 answered "Yes" on It (a) Description (1) (2) (3)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" on It (a) Description of investment (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 answered "Yes" on It (a) Description (1) (2) (3)		
Part VIII Investments — Program Related. Complete if the organization answered "Yes" on I (a) Description of investment (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 answered "Yes" on I (a) Description (1) (2) (3)	Form 990, Part IV, lin	
(a) Description of investment (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 answered "Yes" on I (a) Description (1) (2) (3)	Form 990, Part IV, lin	
(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 answered "Yes" on I (a) Description (1) (2) (3)		e 11c. See Form 990, Part X, line 13.
(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 answered "Yes" on I (a) Description (1) (2) (3)	(b) Book value	(c) Method of valuation:
(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 answered "Yes" on I (a) Description (1) (2) (3)		Cost or end-of-year market value
(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 answered "Yes" on I (a) Description (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 answered "Yes" on B (a) Description (1) (2) (3)		
(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 answered "Yes" on I (a) Description (1) (2) (3)		
(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 answered "Yes" on I (a) Description (1) (2) (3)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on I (a) Description (1) (2) (3)		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on I (a) Description (1) (2) (3)		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on I (a) Description (1) (2) (3)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" on I (a) Description (1) (2) (3)		
Part IX Other Assets. Complete if the organization answered "Yes" on I (a) Description (1) (2) (3)		
Complete if the organization answered "Yes" on I (a) Description (1) (2) (3)		
(a) Description (1) (2) (3)	Form 990. Part IV. lin	e 11d. See Form 990. Part X. line 15.
(2) (3)	, ,	(b) Book value
(2) (3)		
(4)		
(5)		
(6)		
_(7)		
_(8)		
(9) Tatal (Column (b) must equal Form 000, Part V, and (D) line 15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . Part X Other Liabilities.	 	•
Part X Other Liabilities. Complete if the organization answered "Yes" on I	Form 000 Part IV lin	o 11o or 11f Soo Form 000 Part V
line 25.	omi 990, Fait IV, iii	e Tie Or Til. See Form 990, Part X,
1. (a) Description of liability (b) Book value	ie .	
(1) Federal income taxes		
	,174,643	
	,065,715	
	,490,000	
(5) MED/DENTAL INSURANCE TERMINAL LIABILITY	646,442	
	,249,580	
(7) ASSET RETIREMENT OBLIGATION	866,359	
(8) REFUNDABLE ADVANCE	967,912	
(9)		
	,460,651	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo organization's liability for uncertain tax positions under FIN 48 (ASC 740).		

Schedule D (Form 990) 2017 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 133,374,362 Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 Net unrealized gains (losses) on investments 2a 46,821,706 Donated services and use of facilities h Recoveries of prior year grants Other (Describe in Part XIII.) 2d 6,495,857 Add lines 2a through 2d 53,317,563 2e Subtract line **2e** from line **1** 80,056,799 3 3 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 12,803,693 4b 26,673,597 Add lines 4a and 4b 39,477,290 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 119,534,089 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 86,502,698 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c 0 Other (Describe in Part XIII.) 2d Ы Add lines 2a through 2d 2е 86,502,698 3 Subtract line **2e** from line **1** 3 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 4a 12,803,693 28,157,802 4b Add lines 4a and 4b 40,961,495 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 127,464,193 5 Supplemental Information. 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. SEE STATEMENT

Part XIII

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.

Return Reference - Identifier	Explanation			
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN	(a) Description	(b) Amount		
AUDITED FINANCIAL	CHANGE IN SPLIT INTEREST AGREEMENTS	2,853,145		
STATEMENTS NOT IN FORM	NET GAIN ON INTEREST RATE EXCHANGE AGREEMENT	3,120,000		
990	RELATED ENTITY REVENUES	522,712		
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount		
4(B) - OTTER REVENUE	INSTITUTIONAL FINANCIAL AID	28,394,538		
	ALTERNATIVE INVESTMENTS TAXABLE INCOME	- 1,720,941		
SCHEDULE D, PART XII, LINE	(a) Description	(b) Amount		
4(B) - OTHER EXPENSES	INSTITUTIONAL FINANCIAL AID	28,394,538		
	RELATED ENTITY EXPENSES	- 236,736		

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Supplemental Information. 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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	THE COLLEGE HAS COLLECTIONS OF WORKS OF ART AND RARE BOOKS THAT ARE UTILIZED BY THE STUDENTS IN THEIR STUDIES AND THE FACULTY IN THEIR RESEARCH.
	ENDOWMENT FUNDS ARE USED SOLELY TO SUPPORT THE MISSION OF WHITMAN COLLEGE FOR COSTS SUCH AS FINANCIAL AID TO STUDENTS, FACULTY SALARIES AND THE LIBRARY
	MANAGEMENT BELIEVES THEY HAVE NO UNCERTAIN TAX POSITIONS AND IN ADDITION, UNRELATED BUSINESS INCOME TAX FOR WHITMAN COLLEGE AND PAUL GARRETT WHITMAN FOUNDATION, IF ANY, IS IMMATERIAL.

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BOARD OF TRUSTEES OF WHITMAN COLLEGE 91-0567740 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 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, 2 V 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 3 THE COLLEGE MAKES ITS POLICY OF NON-DISCRIMINATION KNOWN THROUGH THE COLLEGE WEBSITE, THE ANNUAL CATALOG, AND OTHER MATERIALS. ADDITIONALLY, THE COLLEGE PLACES AN ADVERTISEMENT WHICH DESCRIBES ITS POLICY IN A REGIONAL NEWSPAPER EACH YEAR. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Records documenting that scholarships and other financial assistance are awarded on a racially 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c v Copies of all material used by the organization or on its behalf to solicit contributions? 4d 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: 5a b Admissions policies? . 5b Employment of faculty or administrative staff? . . . 5c Scholarships or other financial assistance? . . . 5d 5e Educational policies? . Use of facilities? 5f Athletic programs? . 5g Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? 6a V 6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II . . .

7

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

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

Return Reference - Identifier	Explanation
	THE COLLEGE RECEIVES FUNDS FROM THE DEPARTMENT OF EDUCATION TO BE GIVEN TO WHITMAN
10(1)	STUDENTS IN THE FORMS OF GRANTS AND LOANS. THE COLLEGE ALSO RECEIVES FUNDS FROM OTHER FEDERAL AGENCIES IN THE FORM OF GRANTS FOR RESEARCH EQUIPMENT, STUDY, OR OTHER EFFORTS
	AS STIPULATED IN EACH INDIVIDUAL GRANT.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization BOARD OF TRUSTEES OF WHITMAN COLLEGE **Employer identification number** 91-0567740

Par			es Outside	the United States. Comp	olete if the organization ans	wered "Yes" on
	Form 990, Part IV, line					
1	For grantmakers. Does the					
	assistance, the grantees' eli	•	•			
	grants or assistance?					✓ Yes □ No
_		. =				
2	For grantmakers. Describe		he organizati	on's procedures for monit	toring the use of its grant	s and other
	assistance outside the Unite	ed States.				
3	Activities per Region. (The fo	llowing Part I	, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
		offices in the region	employees, agents, and	region (by type) (such as, fundraising, program services,	a program service, describe specific type of	expenditures for and investments
		l	independent	investments, grants to recipients	service(s) in the region	in the region
			contractors in the region	located in the region)		
	EAST ASIA AND THE PACIFIC			GRANTMAKING	STUDENT FINANCIAL AID	
(1)		0	0			192,430
(-,	EUROPE (INCLUDING			GRANTMAKING	STUDENT FINANCIAL AID	- ,
(2)	ICELAND AND GREENLAND)	0	0			990,461
(2)	NORTH AMERICA (CANADA &	U		GRANTMAKING	STUDENT FINANCIAL AID	990,401
(0)	MEXICO ONLY)		0	GRANTWAKING	STODENT FINANCIAL AID	7 000
(3)		0	0	OD ANITA ANGLI	OTUBENT FINANCIAL AIR	7,000
	SOUTH AMERICA			GRANTMAKING	STUDENT FINANCIAL AID	
(4)		0	0			126,720
	CENTRAL AMERICA AND THE			GRANTMAKING	STUDENT FINANCIAL AID	
(5)	CARIBBEAN	0	0			80,950
	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	FACULTY AND STAFF	
(6)		0	0		CONFERENCES AND RESEARCH	164,094
. ,	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	OFF CAMPUS STUDIES	
(7)		0	0			479,554
(-,	EUROPE (INCLUDING		-	PROGRAM SERVICES	FACULTY AND STAFF	
(8)	ICELAND AND GREENLAND)	0	0		CONFERENCES AND	239,902
(0)	SOUTH AMERICA	0	<u> </u>	PROGRAM SERVICES	RESEARCH OFF CAMPUS STUDIES	200,002
(0)	GOOTTAMERIOA		0	I ROOKAW SERVICES	OTT CAIVII 03 3TODIES	200 665
(9)	NODTH AMERICA (CANADA 9	0	0	DDOCDAM CEDVICES	OFF CAMPILE STUDIES	208,665
	NORTH AMERICA (CANADA & MEXICO ONLY)	_	_	PROGRAM SERVICES	OFF CAMPUS STUDIES	
(10)		0	0			12,700
	CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	OFF CAMPUS STUDIES	
(11)		0	0			196,132
	EUROPE (INCLUDING			PROGRAM SERVICES	OFF CAMPUS STUDIES	
(12)	ICELAND AND GREENLAND)	0	0			1,915,268
	MIDDLE EAST AND NORTH			PROGRAM SERVICES	OFF CAMPUS STUDIES	
(13)	AFRICA	0	0			14,555
	NORTH AMERICA (CANADA &			PROGRAM SERVICES	FACULTY AND STAFF	
(14)	MEXICO ONLY)	0			CONFERENCES AND	39,694
(,	SOUTH AMERICA			PROGRAM SERVICES	RESEARCH FACULTY AND STAFF	55,55
(15)		0	0		CONFERENCES AND	12,873
(13)	SUB-SAHARAN AFRICA	U		PROGRAM SERVICES	RESEARCH FACULTY AND STAFF	12,073
(4.0)	JOD-SALIANAN AFRICA		0	I NOONAW SERVICES	CONFERENCES AND	00.040
(16)	(OFF OTATEMENT)	0	0		RESEARCH	22,648
	(SEE STATEMENT)					
(17)						
3a	Sub-total	0	0			4,703,646
b	Total from continuation	0	0			208,900,563
	sheets to Part I					
С	Totals (add lines 3a and 3b)	0	0			213,604,209

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name of (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN of noncash assistance organization grant cash grant cash noncash valuation (if applicable) disbursement assistance (book, FMV, appraisal, other) (1) (2) (3) (4) (5) (6) **(7)** (8) (9) (10) (11) (12)(13)(14) (15) (16) Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

Schedule F (Form 990) 2017

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT FINANCIAL AID (1)	EAST ASIA AND THE PACIFIC	16	192,430	WIRE TRANSFER OR CHECK			
STUDENT FINANCIAL AID (2)	EUROPE (INCLUDING ICELAND AND GREENLAND)	71	990,461	WIRE TRANSFER OR CHECK			
STUDENT FINANCIAL AID	NORTH AMERICA (CANADA & MEXICO ONLY)			WIRE TRANSFER OR			
(3)		1	7,000	CHECK			
STUDENT FINANCIAL AID (4)	SOUTH AMERICA	10	126,720	WIRE TRANSFER OR CHECK			
STUDENT FINANCIAL AID (5)	CENTRAL AMERICA AND THE CARIBBEAN	7	80,950	WIRE TRANSFER OR CHECK			
(6)	MIDDLE EAST AND NORTH AFRICA	1	7,000	WIRE TRANSFER OR CHECK			
STUDENT FINANCIAL AID (7)	SOUTH ASIA	2	20,300	WIRE TRANSFER OR CHECK			
STUDENT FINANCIAL AID	SUB-SAHARAN AFRICA			WIRE TRANSFER OR			
(8)		4	55,750	CHECK			
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2017 Page 4

Part IV **Foreign Forms** 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 ✓ Yes □ No 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; don't file with Form 990) . . . Yes ✓ No 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 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 ☐ Yes ✓ No 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) ✓ Yes □ No 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

✓ No

Yes

Activities per Region (continued)

Part I

(a)	(b)	(c)	(d)	(e)	(f)
Region	Number of offices in the region	Number of employees, agents, and independent contractors in region	Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	If activity listed in (d) is a program service, describe specific type of service(s) in region	Total expenditures for and investments in region
(17) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		207,895,019
(18) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		794,000
(19) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	FACULTY AND STAFF CONFERENCES AND RESEARCH	3,457
(20) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	STUDENT FINANCIAL AID	7,000
(21) SOUTH ASIA	0	0	PROGRAM SERVICES	OFF CAMPUS STUDIES	38,550
(22) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	FACULTY AND STAFF CONFERENCES AND RESEARCH	3,262
(23) SOUTH ASIA	0	0	GRANTMAKING	STUDENT FINANCIAL AID	20,300
(24) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	OFF CAMPUS STUDIES	83,225
(25) SUB-SAHARAN AFRICA	0	0	GRANTMAKING	STUDENT FINANCIAL AID	55,750

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); andPart III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE GRANTMAKING ACTIVITIES SHOWN IN PARTS I AND III INVOLVE COLLEGE FINANCIAL AID FUNDS DELIVERED TO ENROLLED STUDENTS' INDIVIDUAL ACCOUNTS. THE AID IS TO HELP DEFRAY THE COST OF CERTAIN STUDY PROGRAMS TAKING PLACE IN FOREIGN COUNTRIES. ALL SUCH PROGRAMS ARE CLOSELY VETTED BY THE COLLEGE TO ENSURE THE RECIPIENTS ARE OF HIGH ACADEMIC QUALITY AND FINANCIALLY STABLE. ANY AID DELIVERED TO SUCH STUDENTS IS GOVERNED BY THE PROCESSES OUTLINED IN SCHEDULE E.
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL
SCHEDULE F, PART III - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

SCHEDULE I (Form 990)

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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

BOA	RD OF TRUSTEES OF WHITMAN	COLLEGE						91-0567740
Pai	t I General Information	on Grants an	d Assistance				•	
1	Does the organization mainta							
	the selection criteria used to	•						· · 🗹 Yes 🗌 No
2	Describe in Part IV the organ	•						
Par	Grants and Other As 990, Part IV, line 21, f							vered "Yes" on Form
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
2	Enter total number of section Enter total number of other o							

Schedule I (Form 990) (2017) Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 1 INSTITUTIONAL FINANCIAL AID 1,074 26,913,927 2 3 5 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (SEE STATEMENT)

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE COLLEGE AWARDS SCHOLARSHIPS USING ESTABLISHED POLICIES ON THE BASIS OF BOTH NEED AND SCHOLARSHIP MERIT. AWARDS TO STUDENTS WITH NEED ARE BASED ON THE STUDENTS' FINANCIAL INFORMATION CONTAINED IN THE FINANCIAL AID PROFILE FILED WITH THE COLLEGE SCHOLARSHIP SERVICES AND THE FREE APPLICATION FOR FINANCIAL AID FILED WITH THE FEDERAL PROCESSOR. ALL AID IS OBJECTIVELY DETERMINED AND AWARDED ON AN EQUAL BASIS TO RECIPIENTS WITH SIMILAR ATTRIBUTES.

SCHEDULE J (Form 990)

BOARD OF TRUSTEES OF WHITMAN COLLEGE

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.

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

Open to Public

OMB No. 1545-0047

Inspection

91-0567740

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ✓ Housing allowance or residence for personal use			
	✓ Travel for companions ☐ Payments for business use of personal residence			
	✓ Tax indemnification and gross-up payments ✓ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on 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	1b	~	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	~	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☑ Compensation survey or study			
	☐ Form 990 of other organizations ✓ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	~	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		~
b	Any related organization?	5b		~
	If "Yes" on line 5a or 5b, describe in Part III.			
	E			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		~
b	Any related organization?	6b		~
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
7	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		~
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			-
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	0		~
		8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
9	Regulations section 53.4958-6(c)?	9		

9

Schedule J (Form 990) 2017

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 aren't 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.

Note: The sum of columns (b)(i)-(iii) for e			f W-2 and/or 1099-MIS		(C) Retirement and			(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
KATHLEEN MURRAY	(i)	451,260	0	15,458	45,000	37,773	549,491	0	
1 PRESIDENT	(ii)	0	0	0	0	0	0	0	
PETER HARVEY	(i)	247,164	0	0	40,443	61,474	349,081	0	
2 CFO	(ii)	0	0	0	0	0	0	0	
JOHN W. BOGLEY	(i)	221,472	0	5,726	23,107	75,238	325,543	0	
3 VP FOR DEVELOPMENT AND ALUMNI RELATIONS	(ii)	0	0	0	0	0	0	0	
TONY CABASCO	(i)	97,905	93,897	12,347	19,393	24,866	248,408	0	
4 DEAN OF ADMISSION & FINANCIAL AID	(ii)	0	0	0	0	0	0	0	
JOSHUA JENSEN	(i)	161,086	0	0	16,192	9,684	186,962	0	
5 VICE PRESIDENT FOR ENROLLMENT AND COMMUNICATIONS	(ii)	0	0	0	0	0	0	0	
DAN M. TERRIO	(i)	161,706	0	0	16,803	18,684	197,193	0	
6 CHIEF INFORMATION OFFICER	(ii)	0	0	0	0	0	0	0	
ALZADA TIPTON	(i)	220,455	0	0	22,500	16,219	259,174	0	
7 PROVOST AND DEAN OF THE FACULTY	(ii)	0	0	0	0	0	0	0	
DAVID F. SCHMITZ	(i)	176,132	0	0	17,832	14,295	208,259	0	
8 FACULTY	(ii)	0	0	0	0	0	0	0	
CHRISTOPHER PONCE	(i)	171,846	0	0	18,298	27,968	218,112	0	
9 ASSOCIATE VP FOR DEVELOPMENT	(ii)	0	0	0	0	0	0	0	
PATRICK SPENCER	(i)	151,229	0	0	15,684	20,514	187,427	0	
10 PROFESSOR OF GEOLOGY	(ii)	0	0	0	0	0	0	0	
CAROLINE S WEILER YANCEY	(i)	143,686	0	0	14,446	12,084	170,216	0	
11 SENIOR RESEARCH SCIENTIST	(ii)	0	0	0	0	0	0	0	
DANA BURGESS	(i)	135,327	0	0	13,985	17,964	167,276	0	
12 PROFESSOR OF HUMANITIES	(ii)	0	0	0	0	0	0	0	
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	THE COLLEGE PRESIDENT AND THE VICE PRESIDENT OF DEVELOPMENT ARE PROVIDED MEMBERSHIPS IN SOCIAL CLUBS BY THE COLLEGE. THE AMOUNTS PAID FOR DUES ARE INCLUDED IN THEIR W-2'S AS TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	THE COLLEGE PRESIDENT IS REQUIRED, AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE COLLEGE, TO MAINTAIN HIS THEIR PERSONAL RESIDENCE IN A HOUSE PROVIDED BY THE COLLEGE. THIS HOUSE IS LOCATED ON THE EDGE OF THE CAMPUS AND THE PROVISION OF SUCH IS NOT CONSIDERED TAXABLE COMPENSATION
	THE PRESIDENT'S PERSONAL RESIDENCE (OWNED BY THE COLLEGE) IS PROVIDED CLEANING SERVICES AND YARD CARE BY THE COLLEGE. THIS IS NOT CONSIDERED TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	WHEN THE SPOUSES OF KEY EMPLOYEES ACCOMPANY THEM ON COLLEGE-RELATED BUSINESS TRIPS AT THE REQUEST OF THE COLLEGE, THE INCREMENTAL TRAVEL COSTS ARE INCLUDED IN THE EMPLOYEE'S TAXABLE INCOME. THESE PAYMENTS ARE GROSSED UP SO THERE IS NO NEGATIVE TAX EFFECT ON THE EMPLOYEE.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	WHEN THE SPOUSES OF KEY EMPLOYEES ACCOMPANY THEM ON COLLEGE-RELATED BUSINESS TRIPS AT THE REQUEST OF THE COLLEGE, THE INCREMENTAL TRAVEL COSTS ARE INCLUDED IN THE EMPLOYEE'S TAXABLE INCOME.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	THE DEAN OF ADMISSION AND FINANCIAL AID AND THE ASSOCIATE VP FOR DEVELOPMENT RECEIVED SEVERANCE PAYMENTS. TERMS AND CONDITIONS ARE CONFIDENTIAL ACCORDING TO THE AGREEMENTS.

SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

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

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization **Employer identification number BOARD OF TRUSTEES OF WHITMAN COLLEGE** 91-0567740 **Bond Issues** (i) Pooled financing (b) Issuer EIN (c) CUSIP # (d) Date issued (g) Defeased (a) Issuer name (e) Issue price (f) Description of purpose behalf of issuer WASHINGTON HIGHER EDUCATION **REFUND A BOND ISSUE FROM 1999** 91-1306482 939781VM9 11/23/2004 28,770,000 Yes No Yes No Yes No **FACILITIES AUTHORITY** WASHINGTON HIGHER EDUCATION 91-1306482 939781A34 06/10/2008 30.395.000 **FACILITIES CONSTRUCTION FACILITIES AUTHORITY** В WASHINGTON HIGHER EDUCATION 939781U57 **FACILITIES CONSTRUCTION** 91-1306482 01/05/2017 18.315.448 **FACILITIES** C D **Proceeds** Part II В C D Α 0 825.000 0 Amount of bonds legally defeased 0 3 28.770.000 30.395.000 18.315.448 0 1.751.550 5 0 0 376.062 0 0 0 7 232,781 282.842 325.296 8 0 0 0 9 0 0 0 10 30.000.000 15.862.540 11 28.442.263 12 0 0 0 13 2004 2010 Yes No Yes Nο Yes Nο Yes Nο Were the bonds issued as part of a current refunding issue? 15 Were the bonds issued as part of an advance refunding issue? ~ 16 Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III **Private Business Use** В С D Was the organization a partner in a partnership, or a member of an LLC, Yes Nο Yes No Yes No Yes Nο which owned property financed by tax-exempt bonds? v V Are there any lease arrangements that may result in private business use of

Part III Private Business Use (Continued) В C D Α Yes Nο Yes Yes No Yes 3a Are there any management or service contracts that may result in private No No **b** If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of V d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government % 0.00 % Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization. another section 501(c)(3) organization, or a state or local government ▶ 0.00 % 0.00 % 0.00 % 0.00 % Does the bond issue meet the private security or payment test? V **8a** 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 issued? **b** If "Yes" to line 8a, enter the percentage of bond-financed property sold or % **c** If "Yes" to line 8a, was any remedial action taken pursuant to Regulations Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? Part IV Arbitrage Α В С D Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes Nο Yes Yes No Nο Yes No 2 If "No" to line 1, did the following apply? If "Yes" to line 2c, provide in Part VI the date the rebate computation was Is the bond issue a variable rate issue? 4a Has the organization or the governmental issuer entered into a qualified JP MORGAN **BNY MELLON** 30.0

V

v

V

Schedule K (Form 990) 2017

Part	Arbitrage (Continued)		۸		В		<u> </u>		D
	-		A No.			Yes		Yes	ī —
50	Were gross proceeds invested in a guaranteed investment contract (GIC)? .	Yes	No 🗸	Yes	No	tes	No 🗸	res	No
	Name of provider			AIG MATCH	HING FLIND				
	Term of GIC			3.1	IIIVOTOND				
	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			V					
6	Were any gross proceeds invested beyond an available temporary period? .				_				
7			,						
-	requirements of section 148?	~				~			
Par		-		-	1				1
	1100044100 10 0114410 001100410 71041011		4		В				D
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the	100	110	100	110	100	110	100	110
	voluntary closing agreement program if self-remediation isn't available under								
	applicable regulations?	~		V		~			
Part		onses to	guestions	s on Schedu	le K. See in	structions	3	1	
Q1	cappionional information i revide additional information for resp	011000 10	quodilone	on concac	10 11. 000 11	ioti dotioni			

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

R∩A	RD OF TRUSTEES OF		EGE					Linpio	yer luci		05677			
Pa	rt I Excess Bene	fit Transaction	1s (section 501	(c)(3),	section	501(c)(4), a	and 50	01(c)(29) organiz	ations	only)			401	
	Complete if tr						line 2	5a or 25b, or Fo	rm 99	0-EZ,	Part	v, iine		
1 (a) Name of disqualified person			(b) Relationship be	etween d organiza		person and		(c) Description	n of trai	nsactio	n		(d) Cor	
/d\				organiza									Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
<u>(6)</u>	Enter the amount	of tax incurred	hy the organ	nizatio	n manac	nere or die	·auali	fied persons du	rina t	ho vo	ar			
_	under section 4958										ها اک			
3	Enter the amount o										• \$			
3	Enter the amount o	i tax, ii ariy, ori	ilile 2, above,	TellTID	urseu by	r tile organ	ızatıo			'	Ţ			
Par	t II Loons to and	/or From Inter	rostad Barsan											
rai					Form 99	0-F7 Part	V lin	e 38a or Form 9	90 Pa	rt IV	line 2	6· or i	f the	
	organization r	eported an am	ount on Form 9	990, P	art X, line	e 5, 6, or 2	2.			,		o, o		
(a)	Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or om the	(e) Origii principal an		(f) Balance due	(g) In (default?		proved pard or		ritten ment?
		, mar organization			nization?	printo par an						nittee?	ug. oo	
				То	From				Yes	No	Yes	No	Yes	No
(1)					110				+		100			
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Tota	1			٠			.▶	\$						
Par	t III Grants or Ass	sistance Bene	fiting Interest	ed Pe	rsons.									
	Complete if the	ne organization	answered "Ye	s" on l	Form 99	0, Part IV, I	line 2	7.						
(a	a) Name of interested person		ship between inter		(c) Amount	of assistance		(d) Type of assistand	се	(e)) Purpo	se of a	ssistan	се
			and the organization	on										
(1)	MERIT BASED SCHOLARS	HIPS FAMILY MI	EMBERS			11,300	SCH	OLARSHIP		EDU	CATIC	N		
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														

Part IV	Business Transactions Involution and Complete if the organization at	ving Interested Persons. nswered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
	EE STATEMENT)					
(2)						<u> </u>
(3)						-
(4) (5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Part V	Supplemental Information Provide additional information	for responses to questions	on Schedule L (see	instructions).		
						,

Part IV Business Transactions Involving Interested Persons (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
				Yes	No
(1) KATHRYN BOGLEY	FAMILY MEMBER OF KEY EMPLOYEE JOHN BOGLEY	\$38,601	EMPLOYMENT		✓
(2) ADAM DAWSON	FAMILY MEMBER OF TRUSTEE, CHRISTINA DAWSON	\$26,500	EMPLOYMENT		✓

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization BOARD OF TRUSTEES OF WHITMAN COLLEGE Employer identification number

91-0567740

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art	'	2	11,000	MARKET VA	LUE		
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications	V		42,695	MARKET VA	LUE		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
			96	2 200 027	MARKETVA	LUE		
9	Securities—Publicly traded		86	2,399,927	MARKET VA	LUE		
10	Securities — Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
	Real estate—Other							
17								
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ((SEE STATEMENT))							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()	<u> </u>						
29	Number of Forms 8283 received							
	which the organization completed	1 Form 8283	3, Part IV, Donee Acknowle	agement	29	0		
							Yes	No
30a	During the year, did the organiza							
	28, that it must hold for at least t							
	to be used for exempt purposes	for the entir	e holding period?			30a		
b	If "Yes," describe the arrangement							
31	Does the organization have a	gift accep	otance policy that require	es the review of any ne	onstandard			
	contributions?					31	~	
32a	Does the organization hire or us	e third part	ies or related organization	s to solicit, process, or se	ell noncash			
	contributions?					32a		~
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.			- (/	,			

Part I	Т	ypes of Property (continued)		
		I	T	I
Property Type	(a) Check If Applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
TRAVEL VOUCHERS, GRAND PIANO AND MUSICAL CDS	✓	5	27,490	MARKET VALUE

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF	ART - WORKS OF ART - NUMBER OF ITEMS
REPORTING METHOD FOR NUMBER OF	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS
CONTRIBUTIONS	OTHER - TRAVEL VOUCHERS, GRAND PIANO AND MUSICAL CDS NUMER OF CONTRIBUTIONS
	BOOKS AND PUBLICATIONS - NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 1 - ART - WORKS OF ART	NUMBER OF ITEMS
SCHEDULE M, PART I, LINE 4 - BOOKS AND PUBLICATIONS	NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 9 - SECURITIES - PUBLICLY TRADED	NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 25 - OTHER	TRAVEL VOUCHERS, GRAND PIANO AND MUSICAL CDS

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2017 Open to Public Inspection

Name of the Organization BOARD OF TRUSTEES OF WHITMAN COLLEGE

Employer Identification Number 91-0567740

Return Reference - Identifier	Explanation	
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	AN ELECTRONIC DRAFT COPY IS PROVIDED TO THE AUDIT COMMITTEE VIA THE WEBSITE. THE COMMITTEE DISCUSSES AND PROVIDES INPUT TO MANAGEMENT NEXT ACCEPTS THE FORM 990 AND IT IS MADE AVAILABLE TO THE BOARD OF TREVIEW. AFTER THE TRUSTEES HAVE PROVIDED THEIR INPUT AND ALL QUESTIC RESOLVED, THE FORM 990 IS THEN FILED WITH THE IRS	THE COMMITTEE RUSTEES FOR
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE GIVEN A QUESTIONNAIRE ANI QUESTIONNAIRE INCLUDES THE COLLEGE'S CONFLICT OF INTEREST POLICY AN INDIVIDUAL ABOUT THE EXISTENCE OF CONFLICTS OF INTEREST, AS WELL AS COR SITUATIONS WHICH COULD BE CONSTRUED TO PRESENT A CONFLICT. IF AN ANSWERS ANY QUESTION IN THE AFFIRMATIVE, THEY ARE ASKED TO DESCRIBE THEIR RESPONSE. IF THERE ARE ANY CONCERNS RELATIVE TO ANY ONE INDIVIMANAGEMENT FOLLOWS UP TO DISCUSS HOW BEST TO DEAL WITH ANY IDENTIFY MANAGEMENT VERIFIES ALL IDENTIFIED INDIVIDUALS HAVE RESPONDED. ALL THE RETAINED IN ACCORDANCE WITH THE COLLEGE'S FILE RETENTION POLICY REMINDED OF POTENTIAL CONFLICTS AT EACH MEETING.	D ASKS EACH ITHER PAYMENTS INDIVIDUAL TO THE SITUATION IN DUAL'S RESPONSE, FIED SITUATIONS. HE RESPONSES
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE TRUSTEES DELEGATED AUTHORITY FOR SETTING THE PRESIDENT'S COMPEXECUTIVE COMMITTEE OF THE BOARD. COMPARABLE DATA FROM PEER INSTITUTE IN THE DISCUSSION TO SET THE PRESIDENT'S COMPENSATION. THOSE DISCUSSION SUMMARIZED IN A MEMO FROM THE CHAIR OF THE BOARD TO THE CFO.	TUTIONS WAS USED
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	COMPARABLE DATA FROM PEER INSTITUTIONS FOR EACH POSITION WAS USED COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. THE TRUSTEES APPROVICE COMPENSATION PACKAGES OF THE COLLEGE'S OFFICERS AND KEY EMPLOYEE	ED THE
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, ND, NH, NJ, NN OR, PA, RI, SC, TN, UT, VA, WA, WI, WV	1, NV, NY, OH, OK,
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE COLLEGE PROVIDES ACCESS TO ITS FINANCIAL STATEMENTS VIA ITS WEBS COLLEGE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE REQUEST.	
FORM 990, PART XI, LINE 9 -	(a) Description	(b) Amount
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	GAIN ON INTEREST RATE EXCHANGE AGREEMENTS	3,120,000
	CHANGE IN SPLIT INTEREST AGREEMENTS	2,853,145
	UBI LOSS FROM PARTNERSHIPS	1,720,941

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

BOARD OF TRUSTEES OF WHITMAN COLLEGE

Employer identification number 91-0567740

Name, a	(a) address, and EIN (if applicable) of disregarded entity		Prima	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II Identific	cation of Related Tax-Exempt Organizations du	ations. Couring the t	omplete if that ax year.	ne organization	answered "Yes"	on Form 990, Pa	rt IV, line 34, bed	ause it had
Name, ac	(a) ddress, and EIN of related organization	Prima	(b)	(c) Legal domicile (sta	(d)	(e)	us Direct controlling	(g) Section 512(b)(13)

(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 5 contr ent	512(b)(13) olled
						Yes	No
(1) WHITMAN COLLEGE PAUL GARRETT FOUNDATION (91-1648072) 345 BOYER AVENUE, WALLA WALLA, WA 99362	PROVIDE SUPPORT FOR WHITMAN COLLEGE	WA	501(C)(3)	12 TYPE I	BOARD OF TRUSTEES OF WHITMAN COLLEGE	~	
(2) WHITMAN COLLEGE 21ST CENTURY TRUST (91-6526001) 345 BOYER AVENUE, WALLA WALLA, WA 99362	PROVIDE SUPPORT FOR WHITMAN COLLEGE	WA	501(C)(3)	12 TYPE I	BOARD OF TRUSTEES OF WHITMAN COLLEGE	~	
(3)							
(4)							
(5)							
(6)							
(7)							

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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	Disprope alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		(k) Percentage ownership
							Yes	No		Yes	No			
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti) i12(b)(13) rolled ity?
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Yes No

1a

1b

1c

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

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

Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d	Loans or loan guarantees to or for related organization(s)									•		1	d	<i>'</i>
е	Loans or loan guarantees by related organization(s)											1	е	~
f	Dividends from related organization(s)											1	f	~
q	Sale of assets to related organization(s)											1	q	~
h	Purchase of assets from related organization(s)												h	V
i	Exchange of assets with related organization(s)											1	i	\ <u>\</u>
i	Lease of facilities, equipment, or other assets to related organization(s)												j	\ <u>\</u>
,	25000 of facilities, equipment, of other about to related organization(s)						•			•			,	
k	Lease of facilities, equipment, or other assets from related organization(s)											1	k	~
ı	Performance of services or membership or fundraising solicitations for related organization(s)												ı I	1
' m												-	m	\ <u>\</u>
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).											-	_	\ <u>\</u>
n												-	n	+
0	Sharing of paid employees with related organization(s)						•			•		1	0	~
р	Reimbursement paid to related organization(s) for expenses											-	р	/
q	Reimbursement paid by related organization(s) for expenses						•			•		1	q	~
												-	r	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
r	Other transfer of cash or property to related organization(s)													
r s	Other transfer of cash or property from related organization(s)											-	_	+
s	Other transfer of cash or property from related organization(s)											1	s	~
	Other transfer of cash or property from related organization(s)		 this line			 covered						1 action	s	~
s	Other transfer of cash or property from related organization(s)	omplete		 e, incli	uding		I relat	 ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
s	Other transfer of cash or property from related organization(s)	omplete	 this line	 e, incli	uding	 covered	I relat	 ionsl	 nips a	nd tr	ansa	1 action (d)	s	olds.
s 2	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
s 2	Other transfer of cash or property from related organization(s)	omplete	 this line (b) nsaction	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
s 2	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
\$ 2 W (1)	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
s 2	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
s 2 W (1)	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
\$ 2 W (1)	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
s 2 W (1) (2)	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
s 2 W (1)	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
s 2 W (1) (2) (3) (4)	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
s 2 W (1) (2) (3) (4)	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
s 2 W (1) (2)	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.
s 2 W (1) (2) (3) (4)	Other transfer of cash or property from related organization(s)	omplete	this line (b) nsaction le (a-s)	 e, incli	uding	 covered	I relat	ionsl	 nips a	nd tr	ansa	1 action (d)	s thresho	olds.

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organiz	partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														
														200) 2045

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE LEAD ANNUITY TRUST (1) 345 BOYER AVENUE, WALLA WALLA, WA 99362	HOLDINGS	WA	N/A						
(2) CHARITABLE REMAINDER TRUSTS (31) 345 BOYER AVENUE, WALLA WALLA, WA 99362	HOLDINGS	WA	N/A						
(3) POOLED INCOME FUNDS (3) 345 BOYER AVENUE, WALLA WALLA, WA 99362	HOLDINGS	WA	N/A		_				