(Rev. January 2020) Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax** 

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

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

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

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	ror the	e 2019 calendar year, or tax year beginning UUL I, 2019 and o	enaing U	<u>UN 30, 2020</u>	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	WHITWORTH FOUNDATION			
	Name chang	Doing business as		23-72320	67
	Initial return Final	300 W HAWTHORNE DD	Room/suite	E Telephone numbe 509-777-	
	return/ termin				125,855.
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
	return Applic	SPORANE, WA 99251		H(a) Is this a group re	
	tion pendir	F Name and address of principal officer: BECK IAILOK		for subordinates	? Yes X No
_		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)
		e: > WWW.WHITWORTH.EDU		H(c) Group exemptio	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1972 N	State of legal domicile: WA
		Summary			
_	T 1	Briefly describe the organization's mission or most significant activities: SEE \$	SCHEDU	LE O	
ģ	3			-	
ž,	2	Check this box if the organization discontinued its operations or dispos	ad of mara	than 2504 of its not see	noto.
Ţ				1 -	17
Š	3			3	13
ع	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ď	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
Ξ	6	Total number of volunteers (estimate if necessary)			13
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	<u> b</u>	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		42,279.	125,855.
	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,491,117.	0.
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,533,396.	125,855.
_	_			4,206,072.	753,049.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	733,049.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.
Fxnenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ž	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	0.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,206,072.	
_		Revenue less expenses. Subtract line 18 from line 12		-672,676.	-627,194.
or	29		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		18,437,144.	16,426,391.
Net Assets	21	Total liabilities (Part X, line 26)		9,279,628.	7,861,260.
]et	22	Net assets or fund balances. Subtract line 21 from line 20		9,157,516.	8,565,131.
	art II	Signature Block			
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
	, 001100	g and complete. Becautation of property (certain than officer) to become an information of the	ion propuror	That any knowledge:	
C:-		Signature of officer		Date	
Sig		, -	T.	5415	
He	re	LAWRENCE PROBUS, VICE PRESIDENT FINANCE Type or print name and title	<u>c</u>		
				Data Lau	DTIN
		Print/Type preparer's name Preparer's signature		Date Check if	PTIN
Pai		LAWRENCE H. MOHR, CPA LAWRENCE H. MOHR	R, CP 0	2/01/21  self-employ	
Pre	parer	Firm's name BAKER TILLY US, LLP		Firm's EIN ▶	39-0859910
Use	Only	Firm's address 225 S 6TH ST #2300			
_		MINNEAPOLIS, MN 55402		Phone no. 61	2.876.4500
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)	_ <del></del>		X Yes No

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO SERVE AS THE CATALYST OR CONDUIT THROUGH WHICH DEFERRED OR PLANNED	
	GIFTS FLOW TO PROVIDE PERMANENT FINANCIAL SUPPORT OF WHITWORTH	
	UNIVERSITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	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?	No
•	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.	
7	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.	
40	752 040 752 040	
44	(Code:) (Expenses \$	— '
	TO WHITWORTH UNIVERSTIY TO SUPPORT THE MISSION OF THE INSTITUTION.	
	10 WHITWORTH UNIVERSITE TO SUPPORT THE MISSION OF THE INSTITUTION.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 753,049.	
	Form <b>990</b> (2	2019)

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# Form 990 (2019) WHITWORTH FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<del></del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
h	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	Х	
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  -a</del>		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		40		<sub>v</sub>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		<u> X</u>
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		<u> </u>
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	Х	

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Form 990 (2019) WHITWORTH FOUNDATI
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>-</b>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	- 11	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<del></del> -
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
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### WHITWORTH FOUNDATION 23-7232067 Page 5 Form 990 (2019) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on 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)? Х 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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b

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Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

X

X

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

	Check if Schedule O contains a response or note to any line in this Part VI			X		
Sec	tion A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a	Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
	persons other than the governing body?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done	12c	Х			
13	Did the organization have a written whistleblower policy?	13	Х			
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Х			
b	Other officers or key employees of the organization	15b	Х			
	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 with a					
	taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, CA, CO, ME, MA, MN, NH, SC, UT					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial			
	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					
	WHITWORTH UNIVERSITY BUSINESS OFFICE - 509-777-4225					
	300 W HAWTHORNE RD, SPOKANE, WA 99251					

Form **990** (2019)

# 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.

See instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		<b>ነ</b> than (	one	Reportable	Reportable	Estimated
	hours per					is both or/trus		compensation	compensation	amount of
	week	-	T an		10010	T	100)	from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (	stee			ısatec		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	truste	al tru:		yee	n be		(** =/ *********************************		and related
	below	Individual trustee or	Institutional trustee	l la	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) TAYLOR, BECK	5.00									
PRESIDENT, TOP MANAGEMENT OFFICIAL	40.00	Х		Х				0.	373,520.	184,822
(2) PROBUS, LAWRENCE	5.00									
VP FOR ADMINISTRATION	40.00	Х		Х				0.	187,038.	61,256
(3) MCQUILKIN, SCOTT	10.00									
VP FOR ADMINISTRATION	40.00	Х		Х				0.	187,003.	23,143
(4) KEIG, DAWN	1.00									
DIRECTOR		Х						0.	109,765.	16,058
(6) BEAL, KATHY	1.00									
DIRECTOR		Х						0.	0.	0
(7) CURRY, WILLIAM	1.00									
PRESIDENT		Х		X				0.	0.	0
(8) ENKEMA, W. PETER	1.00									
DIRECTOR		Х				_		0.	0.	0
(9) GOKEE, MINA	1.00	1							_	_
VICE PRESIDENT		Х		Х				0.	0.	0
(10) HULSIZER, DANIEL	1.00	1							_	
DIRECTOR		Х						0.	0.	0
(11) KNOTT, FRANK	1.00	1							_	_
DIRECTOR		Х				_		0.	0.	0
(12) LAWTON, RAY	1.00	1							_	_
DIRECTOR		Х						0.	0.	0
(13) LEWIS, RICHARD	1.00	1								
DIRECTOR		Х						0.	0.	0
(14) LUPTON, MARK	1.00									
DIRECTOR		Х						0.	0.	0
(15) NIELSEN, BENSON	1.00	]								
DIRECTOR		Х						0.	0.	0
(16) ROBERTS, KENNETH	1.00	]								
DIRECTOR		Х						0.	0.	0
(17) SHEFFELS, JERRY	1.00									
DIRECTOR		Х						0.	0.	0
(18) SPERLING, JR., WILLIAM	1.00									
SECRETARY/TREASURER		Х	1	X		1		0.	0.	0

Form **990** (2019)

Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	Hiç	gnes	t C	ompensated Employee	s (continued)				
(A)	(B)	l 5 l						(D)	(E)			(F)	
Name and title	Average hours per		not cl	neck r	more	than c		Reportable	Reportable	_		imate	
	week					s both or/trust		compensation from	compensation from related			ount c other	71
	(list any	ector						the	organizations			ensat	ion
	hours for related	or dire	e e			ated		organization	(W-2/1099-MIS	.C)		m the	
	organizations	rustee	l truste		99	npens		(W-2/1099-MISC)		organizati and relate			
	below	Individual trustee or director	Institutional trustee	J.	Key employee	Highest compensated employee	er					nizatio	
	line)	Indiv	Instit	Officer	Key e	Highe empl	Former						
										-			
										_			
										-			
		-											
1b Subtotal								0.	857,32		285	, 27	
c Total from continuation sheets to Part VII								0.	857,32	0.	285	, 27	<u>0.</u>
d Total (add lines 1b and 1c)							o re				<u> </u>	, 4 /	<u> </u>
compensation from the organization	or illilited to the	030	iisto	u ab	JOVC	,, vvii	010	cerved more than \$100,	ooo or reportable				0
											,	Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su										_	3		X
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150	,		•								4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	· · ·				-			-			5		Х
Section B. Independent Contractors	olete Scriedule	<del>.</del> J 10	JI SU	CIIĻ	Jers	<u> </u>					<u> </u>		
Complete this table for your five highest cor	npensated ind	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	ensatio	n froi	n	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg w	ith c	or wit	thiņ	the organization's tax ye	ear.				
(A)								(B)		0	(C)	) +:	
Name and business	address	NC	ONE	<u>.</u>			$\dashv$	Description of s	ervices		преп	sation	
							$\dashv$						
							$\neg$						
							_						
							$\dashv$						
2 Total number of independent contractors (in	ncludina but na	at lin	niter	l to t	thos	se lis	 ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					(			10001100 IIIC					
,	-									Fo	orm 9	90 (2	019)

932008 01-20-20

Form 990 (2019) WHITWOR
Part VIII Statement of Revenue

			Check if Schedule O conf	tains a re	esponse o	or note to any lin	e in this Part VIII			
						, <b>,</b>	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	•				1b					
ij g			Membership dues		1c					
fts, Ar			Fundraising events		1d					
ig ig			Related organizations							
ns, Sim			Government grants (contribut		1e					
utio er (		Ť	All other contributions, gifts, gran			105 055				
현된			similar amounts not included abo		1f	<u>125,855.</u>				
ont od (		•	Noncash contributions included in lines	_		101,410.	105 055			
<u>ŏ</u> <u>ö</u>		h	Total. Add lines 1a-1f				125,855.			
						Business Code				
e	2	а								
Program Service Revenue		b								
S		С								
am		d								
og B		е								
P		f	All other program service reve	enue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including							
			other similar amounts)							
	4		Income from investment of ta							
	5		Royalties	· -	-					
				(i)	Real	(ii) Personal				
	6	а	Gross rents 6a	,						
	_		Less: rental expenses 6b							
			Rental income or (loss) 60							
			Net rental income or (loss)	•						
	7		Gross amount from sales of		curities	(ii) Other				
	•	а	assets other than inventory <b>7</b> a			() 5 4.15.				
		h	Less: cost or other basis	1						
Φ		D								
Ď.		_	and sales expenses 7b							
eve		C	Gain or (loss) 70	<i>i</i>						
her Revenue	_		Net gain or (loss)			<b>&gt;</b>				
	8	а	Gross income from fundraising e	,						
Ò			including \$							
			contributions reported on line	•						
			Part IV, line 18							
			Less: direct expenses							
	_		Net income or (loss) from fund			······				
	9	а	Gross income from gaming a							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gan		vities	······				
	10	а	Gross sales of inventory, less							
			and allowances							
		b	Less: cost of goods sold		10b					
		С	Net income or (loss) from sale	es of inve	entory	<u></u>				
S						Business Code				
on e	11	а								
Miscellaneous Revenue		b								
Sell		С								
Ais. B		d	All other revenue							
_			Total. Add lines 11a-11d			<b></b>				
	12		Total revenue. See instructions				125,855.	0.	0.	0.

	Check if Schedule O contains a respons		his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	753,049.	753,049.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a					
b					
C					
d	All others are an an				
	All other expenses	753,049.	753,049.	0.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	133,043.	133,043.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		74,910.	1	105,687
	2	Savings and temporary cash investments		438,223.	2	389,747
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ		6		
<u>s</u>	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
Ë	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		7,528,696.	11	4,671,111
	12	Investments - other securities. See Part IV, lin	6,941,380.	12	7,795,361	
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,453,935.	15	3,464,485
	16	Total assets. Add lines 1 through 15 (must e		18,437,144.	16	16,426,391
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	399,576.	18	203,432	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	te Part IV of Schedule D		21	
S)	22	Loans and other payables to any current or fo				
Ě		trustee, key employee, creator or founder, su				
Liabilities		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X	0 000 050		7 (57 000
				8,880,052.		7,657,828
	26	Total liabilities. Add lines 17 through 25		9,279,628.	26	7,861,260
s		Organizations that follow FASB ASC 958, o	heck here 🕨 🔼			
ဥ		and complete lines 27, 28, 32, and 33.		2 222 550		2 250 400
<u>a</u>	27	Net assets without donor restrictions		3,233,559.	27	3,250,409
Ö	28	Net assets with donor restrictions		5,923,957.	28	5,314,722
Š		Organizations that do not follow FASB ASC	958, check here			
Σ Τ		and complete lines 29 through 33.				
ţ	29	Capital stock or trust principal, or current fun-			29	
SSe	30	Paid-in or capital surplus, or land, building, or			30	
ţΑ	31	Retained earnings, endowment, accumulated		0 157 516	31	0 ECE 121
Net Assets or Fund Balances	32	Total net assets or fund balances		9,157,516.	32	8,565,131
	33	Total liabilities and net assets/fund balances		18,437,144.	33	16,426,391, Form <b>990</b> (2019

1 0111	1000 (2010)		<del></del>		ugc				
Pa	T XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X				
			_						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>855.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2			049.				
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>194.</u> 516.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9		34,	809.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	8,5	65,	131.				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Ye	s No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2k	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		20	; X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:						
	Act and OMB Circular A-133?		38	ı 📗	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3k	<u> </u>					
			For	m <b>99</b>	0 (2019)				

932012 01-20-20

### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection **Employer identification number** 

### Name of the organization WHITWORTH FOUNDATION 23-7232067 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).) 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **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) 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 g Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) WHITWORTH 91-0473310 2 753,049 UNIVERSITY X 753,049. 0.

08180201 144198 69938

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	· · ·				12	
13	First five years. If the Form 990 is for	-			•		. $\Box$
S <sub>0</sub> (	organization, check this box and store ction C. Computation of Publi	here Per	centage				<b>&gt;</b>
				- L (A)		44	
	Public support percentage for 2019 (I					14	<u>%</u>
	Public support percentage from 2018 33 1/3% support test - 2019. If the control of the control o					15	<u>%</u>
10a	stop here. The organization qualifies	-					<b>.</b> —
h	33 1/3% support test - 2018. If the o		•		line 15 is 33 1/3%		
	and <b>stop here.</b> The organization qual				11110 10 10 00 17070		
17a	10% -facts-and-circumstances test						
., a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					it viriow the organ	▶ □
h	10% -facts-and-circumstances test	~		• • •			
~	more, and if the organization meets the						
	organization meets the "facts-and-circ				-		<b>▶</b> □
18	Private foundation. If the organization						
			, 5, 750	, , , ,		edule A (Form 990	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7a	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		<u> </u>	T	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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						
	Add lines 10a and 10b						ļ
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						ļ
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•			•	. , . ,	·
800	check this box and stop here						<b>&gt;</b>
	Etion C. Computation of Public			actions (f)		15	
	Public support percentage for 2019 (li	, (,,	,	· · · · · · · · · · · · · · · · · · ·		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2019. If the						
198	more than 33 1/3%, check this box ar						<b>.</b> —
j.	33 1/3% support tests - 2018. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
2		Х
20		Х
3a		
01		
3b		
_		
3c		
4a		X
4b		
4c		
		Х
5a		
5b		
5c		
6		<u>X</u>
7		Х
8		Х
9a		Х
Ja		
9b		Х
90		-25
0-		Х
9c		Λ
		37
10a		X
10b		

Pa	TIV   Supporting Organizations <sub>(continued)</sub>			
			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		X
b	A family member of a person described in (a) above?	11b		Х
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	non or type in outpertuing or gainimations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	·			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		Х
<u>Sac</u>	the supported organization(s). tion D. All Type III Supporting Organizations			
366	uon B. Ali Type in Supporting Organizations		V	N <sub>2</sub>
_			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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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 inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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? <i>Provide details in Part VI</i> .	За		
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		
	II Tes. describe in the fole biaved by the ordanization in this redaid.			

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-functional	ly integra	ted Type III supporting orga	ınization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity				
3	Admir	nistrative expenses paid to accomplish exempt purpose	3		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
		de details in <b>Part VI</b> ). See instructions.			
9		outable amount for 2019 from Section C, line 6			
		s amount divided by line 9 amount			
		Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
		, ,		Pre-2019	Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
		rdistributions, if any, for years prior to 2019 (reason-			
		ause required- explain in <b>Part VI</b> ). See instructions.			
3		s distributions carryover, if any, to 2019			
	From	• • • • • • • • • • • • • • • • • • • •			
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		over from 2014 not applied (see instructions)			
÷		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
•	line 7:	_ ^			
a		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
-		Subtract lines 3g and 4a from line 2. For result greater			
	-	tero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
Ū		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
•	and 4	•			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)
PART IV, SECTION C, LINE 1:
WHITWORTH'S UNIVERSITY PRESIDENT HAS DESIGNATED THE VICE PRESIDENT FOR
INSTITUTIONAL ADVANCEMENT TO OVERSEE ALL INSTITUTIONAL GIFTS RECEIVED.
THIS VICE PRESIDENT HAS IN TURN DESIGNATED HIS ASSOCIATE VICE PRESIDENT
TO CLOSELY MONITOR ALL THE CONTRIBUTIONS SPECIFICALLY RECEIVED FOR THE
WHITWORTH FOUNDATION.

Schedule B

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

Department of the Treasury Internal Revenue Service **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

2019

Name of the organization

Employer identification number

WHITWORTH FOUNDATION

23-7232067

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 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**

X 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 33 1/3% 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 totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

WHITWORTH FOUNDATION

23-7232067

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$ \$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# WHITWORTH FOUNDATION

23-7232067

Part II	II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
3	PUBLICLY TRADED SECURITIES				
		\$\$	10/31/19		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** WHITWORTH FOUNDATION 23-7232067 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

WHITWORTH FOUNDATION

**Employer identification number** 23-7232067

Pai	art I Organizations Maintaining Donor	Advised Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, F	Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor ad	lvisors in writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organ	nization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, an	d donor advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of th	e donor or donor advisor, or for any other purpose co	onferring
Pai	art II Conservation Easements. Complete	e if the organization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the o	organization (check all that apply).	
	Preservation of land for public use (for examp	ole, recreation or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2		eld a qualified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
a			
b	,		
С		istoric structure included in (a)	
d		acquired after 7/25/06, and not on a historic structure	l l
•			
3	_	ferred, released, extinguished, or terminated by the o	organization during the tax
4	year	votion accoment is located	
4	Number of states where property subject to conser		
5	Does the organization have a written policy regarding violations, and enforcement of the conservation east		Yes No
6	•	sements it holds?specting, handling of violations, and enforcing conse	
Ü	L	specting, narraining of violations, and emoreing consci	rvation casements during the year
7	Amount of expenses incurred in monitoring inspec	ting, handling of violations, and enforcing conservation	on easements during the year
•	<b>▶</b> \$	ang, nanamig or violations, and officially consolvation	on casemente danning the year
8		2(d) above satisfy the requirements of section 170(h)	(4)(B)(i)
9		conservation easements in its revenue and expense st	
		f the footnote to the organization's financial statemen	
	organization's accounting for conservation easemen		
Pai	art III Organizations Maintaining Collec	tions of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets he	eld for public exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote	to its financial statements that describes these items.	
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue statement and ba	llance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, his	torical treasures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Ins	structions for Form 990.	Schedule D (Form 990) 2019

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

Par	t III   Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Simil	ar Assets	(continu	ued)
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following tha	t make si	gnifican	t use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı 🔲 1	Loan or exc	change progr	am				
b	Scholarly research	е	, 🔲 (	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explair	n how the	ey further th	ne organizatio	on's exen	npt purp	ose in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, his	storical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 9	90, Part IV,	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	ın or other intermed	iary for c	ontribution	s or other as	sets not i	ncluded	i		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	llowing ta	able:			_			
									Amount	
С	Beginning balance						1c	:		
d	Additions during the year						. 1d			
е	Distributions during the year						. <u>1e</u>			
f	Ending balance						1f	<u> </u>		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or co	ustodial acco	ount liabili	ty?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.								<u></u>	
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Parl	t IV, line 1	0.			
	<u></u>	(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	irs back	<b>(d)</b> Thre	e years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	•	e (line 1g	ı, column (a	)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment >	-								
	The percentages on lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the posses	sion of the organiza	ation that	t are held a	nd administe	red for the	e organ	ization	Г	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organizat								3b	
Bar	Describe in Part XIII the intended uses of the of tVI Land, Buildings, and Equipme		wment fu	unds.						
Fai							40			
	Complete if the organization answered					i i		I	(-N.D. :	
	Description of property	(a) Cost or o			t or other		ccumula		(d) Book	value
	Land	`	nent)	มสรเร	(other)	uer	oreciatio	711		
	Land	I								
	Buildings					<del>                                     </del>				
	Leasehold improvements	I				<del>                                     </del>				
	Equipment					<del>                                     </del>				
	Other		V and	··· (D) // · · · · ·	0-1	<u> </u>				0.
ı uld	. Augumies ra miguum le. m.Alimn (al miist ea	war com 990 Part	A COILIM	uuuru iine 1	UC L					•

Schedule D (Form 990) 2019

Part VII Investments - Other Securities	Part VII In	vestments -	Other	Securities
---	-------------	-------------	-------	------------

Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CHARITABLE REMAINDER		
(B) UNITRUSTS	1,156,446.	END-OF-YEAR MARKET VALUE
(C) DOMESTIC REIT'S	1,120,317.	END-OF-YEAR MARKET VALUE
(D) INTERNATIONAL BOND FUNDS	1,687,997.	END-OF-YEAR MARKET VALUE
(E) INTERNATIONAL REIT'S	567,650.	END-OF-YEAR MARKET VALUE
(F) DOMESTIC BOND FUNDS	3,262,951.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,795,361.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<u>(1)</u>		
(2)		
(2)		

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ANNUITY POLICIES	950.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE POLICIES	3,463,535.
(3)	
(4)	
<u>(5)</u>	
<u>(6)</u>	
(8)	
(9)	
Total (Column /b) must equal Form 000, Part V, eq. (P) line 15.)	<b>►</b> 3.464.485.

### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INSURANCE PREMIUM RESERVE	92,300.
(3) ANNUITIES PAYABLE	7,565,528.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 7,657,828.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2019

		Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Ret	turn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net ur	nrealized gains (losses) on investments	2a	
b		ed services and use of facilities	2b	
С	Recov	veries of prior year grants	2c	
d		(Describe in Part XIII.)	2d	
е	Add li	nes <b>2a</b> through <b>2d</b>		2e
3		act line <b>2e</b> from line <b>1</b>		3
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	I . I	
a		ment expenses not included on Form 990, Part VIII, line 7b	4a	
b		(Describe in Part XIII.)	4b	
_C		nes 4a and 4b	F	4c
5 Pai	rt XII	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Reconciliation of Expenses per Audited Financial Statemen	ts With Fynanses ner R	5 cturn
ı aı	I AII	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	its with Expenses per it	cturri.
_	Tatal			4
1		expenses and losses per audited financial statementsnts included on line 1 but not on Form 990, Part IX, line 25:		1
2		, ,	اما	
a		ted services and use of facilities	2a 2b	
b		year adjustments losses	2c 2c	
d		(Describe in Part XIII.)	2d	
		nes 2a through 2d	•	2e
3		act line <b>2e</b> from line <b>1</b>		3
4		nts included on Form 990, Part IX, line 25, but not on line 1:		
a		ment expenses not included on Form 990, Part VIII, line 7b	4a	
b		(Describe in Part XIII.)	4b	
С		nes <b>4a</b> and <b>4b</b>	•	4c
5	Total	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)		5
Pa	rt XIII	Supplemental Information.		
Provi	ide 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	l 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.	
		T TATE 0		
PAF	K.T. X	, LINE 2:		
mut	דאדד ק	IVERSITY FOLLOWS THE ACCOUNTING STANDARD	AC EOD COMMINCENI	OTEC TN
1111	2 014	IVERSITE FOLLOWS THE ACCOUNTING STANDARD	S FOR CONTINGEN	CIED IN
F:VZ	ATITA	TING UNCERTAIN TAX POSITIONS. THIS GUIDA	NCE PRESCRIBES I	RECOGNITION
		THE CHARLEST THE POPULATION THE COLDS.		
THE	RESH	OLD PRINCIPLES FOR THE FINANCIAL STATEME	NT RECOGNITION (	OF TAX
POS	SITI	ONS TAKEN OR EXPECTED TO BE TAKEN ON A T	AX RETURN THAT	ARE NOT
CEI	RTAI	N TO BE REALIZED. NO LIABILITY HAS BEEN	RECOGNIZED BY TI	HE UNIVERSITY
⊏∧ਹ	O TTNT	CERTAIN TAX POSITIONS AS OF JUNE 30, 202	0 XNT 2010 THE	IINITVED CTMV ' C
r Or	C OIN	CERTAIN TAX POSITIONS AS OF JUNE 30, 202	U AND ZUIS. IRE	UNIVERSIII S
TAS	C RE	TURNS ARE SUBJECT TO REVIEW AND EXAMINA	TTON BY FEDERAL	AUTHORITIES.
			TION DI IDDINID	110111011111111

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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.

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Employer identification number

WHITWORTH	FOUNDATI	ON					23-7232067
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assi	stance?						Yes X No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organiz	zations and Domestic	C Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	ional space is need	ed.	(c) Mathada a	T	
(a) Name and address of organization or government	<b>(b)</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
WHITWORTH UNIVERSITY							
300 W HAWTHORNE ROAD							TO AID WHITWORTH
SPOKANE, WA 99251	91-0473310	501(C)(3)	753,049.	0.			UNIVERSITY'S PROGRAMS
	<u> </u>						1
2 Enter total number of section 501(c)(3) a	•	•	e line 1 table				<u>1.</u>
3 Enter total number of other organization  LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2019)

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rt IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
RT I, LINE 2:					
E ORGANIZATION PRIMARILY MAKES	GRANTS TO	A RELATED	ORGANIZATI	ON,	
ITWORTH UNIVERSITY, AND RECORDS	ARE MAINT	'AINED AS '	TO HOW FUND	S ARE	
SBURSED BY BOTH ORGANIZATIONS.					

# SCHEDULE J (Form 990)

Department of the Treasury

**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.

**2019** 

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

WHITWORTH FOUNDATION

Employer identification number 23-7232067

			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			
	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 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		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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		Х
	Any related organization?	5b		<u>х</u> х
	If "Yes" on line 5a or 5b, describe in Part III.			
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		X
	Any related organization?	6b		X
	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 payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	a		

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

Schedule J (Form 990) 2019

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	penents	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990		
(1) TAYLOR, BECK	(i)	0.	0.	0.	0.	0.	0.	0.		
	(ii)	331,198.	0.	42,322.	99,829.	84,993.	558,342.	0.		
(2) PROBUS, LAWRENCE	(i)	0.	0.	0.	0.	0.	0.	0.		
VP FOR ADMINISTRATION	(ii)	141,725.	0.	45,313.	15,450.	45,806.		0.		
(3) MCQUILKIN, SCOTT	(i)	0.	0.	0.	0.	0.	0.	0.		
VP FOR ADMINISTRATION	(ii)	159,879.	0.	27,124.	14,846.	8,297.	210,146.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
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	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i) (ii)									
	(11)									

Part III	Supplemental Information

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

### PART I, LINE 4B:

DR. BECK TAYLOR PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

UNDER SECTION 457(F). A \$71,691 NON-VESTED CONTRIBUTION WAS MADE DURING

FY2020, WHICH IS A PART OF COLUMN C IN PART II.

SCHEDULE J, PART I, LINE 3:

THE ORGANIZATION'S OFFICERS ARE COMPENSATED FROM ITS RELATED

ORGANIZATION, WHITWORTH UNIVERSITY.

THE FOLLOWING WERE USED BY WHITWORTH UNIVERSITY TO DETERMINE THE

COMPENSATION OF THE PRESIDENT:

- 1. COMPENSATION COMMITTEE
- 2. INDEPENDENT COMPENSATION CONSULTANT
- 3. FORM 990 OF OTHER ORGANIZATIONS
- 4. WRITTEN EMPLOYMENT CONTRACT
- 5. COMPENSATION SURVEY OR STUDY
- 6. APPROVAL BY THE BOARD AND COMPENSATION COMMITTEE

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

WHITWORTH FOUNDATION

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

Employer identification number

23-7232067

Pai	rt i   Types of Property								
		(a)	(b)	(c)	(d)				
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	_	
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition an	nounts	S	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	37	1	104 410	E347.7				
10	Securities - Closely held stock	X	1	104,410.	F.W.V				
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24									
	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ( )								
29	Number of Forms 8283 received by the organiz						^		
	for which the organization completed Form 828	33, Part IV, [	Donee Acknowledg	gement <b>29</b>			0		
							Yes	No	
30a	During the year, did the organization receive by								
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for				
	exempt purposes for the entire holding period?					30a		_X_	
b	If "Yes," describe the arrangement in Part II.								
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?								
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,				
	describe in Part II.	(-) /0.	)	(,)	,				
LHA		the Instruct	tions for Form 990	).	Schedule M	l (Form	n 990)	2019	

932142 09-27-19 Schedule M (Form 990) 2019

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WHITWORTH FOUNDATION

**Employer identification number** 23-7232067

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOR NEARLY 50 YEARS THE PURPOSE OF THE WHITWORTH FOUNDATION HAS BEEN TO SUPPORT WHITWORTH UNIVERSITY AND ITS COMMITMENT TO THE INTEGRATION OF FAITH AND LEARNING. INDIVIDUALS CONTRIBUTE THEIR GIFTS TO ESTABLISH PLANNED-GIFT ARRANGEMENTS SUCH AS CHARITABLE GIFT ANNUITIES AND CHARITABLE REMAINDER TRUSTS. THESE GIFTS PROVIDE TAX SAVINGS AND REGULAR INCOME TO DONORS AND THEIR BENEFICIARIES FOR A CERTAIN PERIOD AFTER WHICH THE REMAINDER OF THOSE GIFTS ARE TRANSFERRED TO THE WHITWORTH UNIVERSITY FUND TO SUPPORT THE UNIVERSITY IN PERPETUITY. FORM 990, PART I: WHITWORTH FOUNDATION MAKES GRANTS OF MATURED GIFTS TO WHITWORTH UNIVERSITY, IN ACCORDANCE WITH ITS MISSION OF FUNDRAISING ON BEHALF OF

SECTION A, LINE 6: FORM 990, PART VI,

INCOME REPORTED ON FORM 990.

THE MEMBERS OF THE FOUNDATION SHALL CONSIST OF THOSE INDIVIDUALS WHO ARE SERVING, FROM TIME TO TIME, AS MEMBERS OF THE BOARD OF TRUSTEES OF WHITWORTH UNIVERSITY.

THE UNIVERSITY. THE TIMING OF THESE GRANTS CAN CAUSE SWINGS IN THE

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE FOUNDATION HAVE THE RIGHT TO ELECT, APPOINT, REMOVE, REPLACE ANY AND ALL MEMBERS OF THE GOVERNING BODY OF THE FOUNDATION.

Name of the organization Employer ide
WHITWORTH FOUNDATION 23-72

Employer identification number 23-7232067

FORM 990, PART VI, SECTION B, LINE 11B:

WHITWORTH FOUNDATION HAS A PROCESS BY WHICH THE FORM 990 IS REVIEWED BY

BOARD MEMBERS BEFORE FILING THE FINAL RETURN. THE UNIVERSITY'S AUDIT

COMMITTEE HAS BEEN DELEGATED AS THE BOARD REVIEW COMMITTEE FOR THE FORM 990

AND PROVIDES THE FULL BOARDS OF THE FOUNDATION AND UNIVERSITY WITH AN

OPPORTUNITY FOR EACH MEMBER TO REVIEW THE FORM 990 AT LEAST ONE WEEK PRIOR

TO ITS SUBMITTAL TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

WHITWORTH FOUNDATION BOARD OF DIRECTORS ANNUALLY COMPLETES A CONFLICT OF

INTEREST DISCLOSURE STATEMENT. THIS QUESTIONNAIRE INCLUDES NAME AND TITLE

OF EACH DIRECTOR, AND INCLUDES A LIST OF QUESTIONS PERTAINING TO CONFLICT

OF INTEREST SCENARIOS. THESE STATEMENTS IDENTIFY ALL ACTUAL OR POTENTIAL

CONFLICTS OF INTERST THAT MIGHT BE EXPECTED TO OCCUR IN THE COMING YEAR.

ALL STATEMENTS DISCLOSING POTENTIAL CONFLICTS ARE CIRCULATED TO THE

EXECUTIVE COMMITTEE OF THE FOUNDATION BOARD FOR REVIEW AND RESOLUTION OF

NOTED EXCEMPTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE RELATED ORGANIZATION'S PRESIDENT AND THOSE WHO
REPORT DIRECTLY TO THE PRESIDENT IS DETERMINED BY AN EXECUTIVE COMPENSATION
COMMITTEE WHICH IS A SUB COMMITTEE OF THE BOARD OF TRUSTEES. IN ADDITION TO
SALARY AND BENEFITS PROGRAMS, THE COMMITTEE CONSIDERS ANY EMPLOYEE AND
SPOUSAL TRAVEL, HOUSING ALLOWANCES AND PERSONAL USE OF RESIDENCE, PAYMENTS
FOR BUSINESS USE OF PERSONAL RESIDENCE, HEALTH OR SOCIAL CLUB FEES AND
PERSONAL SERVICES.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization WHITWORTH FOUNDATION	23 – 7232067								
THE GOVERNANCE DOCUMENTS, AUDITED FINANCIAL STATEMENTS AND	FORM 990 ARE								
AVAILABLE ON THE WHITWORTH FOUNDATION WEBSITE AND UPON REQ	UEST. THE								
CONFLICT OF INTEREST STATEMENTS ARE ONLY AVAILABLE UPON RE	QUEST.								
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:									
CHANGE IN THE VALUE OF SPLIT INTEREST AGREEMENTS	34,809.								
PART XII, LINE 2C:									
NEITHER THE OVERSIGHT PROCESS OF THE AUDIT OR THE SELECTION	N PROCESS OF								
THE INDEPENDENT ACCOUNTANT CHANGED DURING THE TAXABLE YEAR	•								

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

WHITWORTH FOUNDATION

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2019

23-7232067

	<i>n</i>	1.3	1.5	<u> </u>	, 1		/£\	
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	eme End-of-yea		Direct o	(f) controlling ntity	)
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	n answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	e or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	tion entity		(g) Section 512(b)(1 controlled entity?	
WHITWORTH UNIVERSITY - 91-0473310				301(0)(3))			Yes	No
300 W HAWTHORNE RD								
SPOKANE, WA 99251	HIGHER EDUCATION	WASHINGTON	501(C)(3)	LINE 2	N/A			Х
							1	

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

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	ntrolling Predominant income Share of total Share of Discrepationate Co		Diagrapartianata		Code V-UBI	General c	Percentage	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
				1					1		

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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	Section 512(b)(13) controlled entity?	
		country)		0		455515		Yes	No
CHARITABLE REMAINDER UNITRUSTS (21)	CHARITABLE TRUST	WA	N/A	TRUST	N/A	N/A	N/A		x
CHARITY REMAINDER ANNUITY TRUSTS (1)	CHARITABLE TRUST	WA	N/A	TRUST	N/A	N/A	N/A		x
LIFE ANNUITY TRUSTS (64)	CHARITABLE TRUST	WA	N/A	TRUST	N/A	N/A	N/A		х

art V	Transactions With Related Organizations.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	х	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		Х
	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r	Х	
'	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	1s	X	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			<u> </u>
	(a) (b) (c) (d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WHITWORTH UNIVERSITY	В	753,049.	FMV
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

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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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									