** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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. Inspection

Department of the Treasury Internal Revenue Service

Open to Public

<u>A</u>	For the	e 2021 calendar year, or tax year beginning J	UL 1, 2021 and	ending J	UN 30, 202	22	
	Check if applicabl	C Name of organization			D Employe	er identific	ation number
	Addre chang	SS WHITWORTH UNIVERSITY					
	Name chang				91-	0473310	
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telepho	ne number	
	☐Final return	300 W HAWTHORNE ROAD			509-7	77-3208	
	termin ated		ZIP or foreign postal code		G Gross recei	ipts\$	278,728,139.
	Amen	SPORANE, WA 33231			H(a) Is this	a group re	turn
	Application	F Name and address of principal officer: SCOT	T MCQUIKIN		for sub	ordinates'	? Yes 🗓 No
	pendir	SAME AS C ABOVE			H(b) Are all su	ubordinates ind	cluded? Yes No
<u>1</u>	Tax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	lf "No,	" attach a	list. See instructions
<u>J</u>	Websi	te: WWW.WHITWORTH.EDU			H(c) Group	exemption	n number 🕨
		organization,	ssociation Other >	L Year	of formation:	1890 M	State of legal domicile; WA
P	art I	Summary					
d)	1	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O			
Governance							
rns	2	Check this box 🕨 🔛 if the organization disco	ntinued its operations or dispos	sed of more	than 25% of	its net ass	ets.
ove ove	3	Number of voting members of the governing body					37
		Number of independent voting members of the go					36
es S	5	Total number of individuals employed in calendar y	year 2021 (Part V, line 2a)				2091
Ę	6	Total number of volunteers (estimate if necessary)					15
Activities &	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12				0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	319,120.
					Prior Ye		Current Year
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)				38,552.	25,551,040.
enn	9					28,650.	125,956,274.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4				18,866.	11,303,368.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	e, 9c, 10c, and 11e)			54,047.	-788,199.
_		Total revenue - add lines 8 through 11 (must equal				40,115.	162,022,483.
		Grants and similar amounts paid (Part IX, column (65,8	70,564.	68,015,751.
	1	Benefits paid to or for members (Part IX, column (A				0.	0.
es	15	Salaries, other compensation, employee benefits (I			49,3	08,247.	52,488,372.
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	line 11e)			0.	0.
ă	. b	Total fundraising expenses (Part IX, column (D), lin	-				24 222 242
ш	''	Other expenses (Part IX, column (A), lines 11a-11d				58,037.	34,390,849.
		Total expenses. Add lines 13-17 (must equal Part I				36,848.	154,894,972.
	19	Revenue less expenses. Subtract line 18 from line	12			03,267.	7,127,511.
SOF				Ве	ginning of Cur		End of Year
Sset	20					39,999.	369,174,535.
Net Assets or	21	Total liabilities (Part X, line 26)			•	93,717. 46,282.	113,749,497.
	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		2/2,0	40,202.	255,425,038.
		Ities of perjury, I declare that I have examined this return,	including accompanying echodulo	c and etatome	ante and to the	hact of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than office				-	knowledge and belief, it is
tiuc	, сопес	t, and complete. Declaration of preparer (other than office	er) is based on an information of wi	iicii pi epaiei	ilas ally kilowi	euge.	
Ci~	_	Signature of officer			Date	e	
Sig He		KENNETH M. BROWN, VP, CHIEF OPERA	ATTONS OFFICER				
пе	e	Type or print name and title	IIIOND OIIIODN				
		Print/Type preparer's name	Preparer's signature	1	Date	Check	PTIN
Pai	d	KAREN A. GRIES, CPA	KAREN A. GRIES, CPA	lo:	5/10/23	if self-employe	P00447603
	parer	Firm's name BAKER TILLY US, LLP				n's EIN ▶	39-0859910
	Only	Firm's address 225 s 6TH ST #2300				I O LIIV	
	z ,	MINNEAPOLIS, MN 55402			Pho	ne no 612.	.876.4500
Ma	y the IF	RS discuss this return with the preparer shown abo	ve? See instructions		11110		X Yes No

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$

le Total program service expenses ► 123,917,043.

Form **990** (2021)

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91-0473310

Form 990 (2021) WHITWORTH UNIVERSITY 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		х
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			
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	· · · · · · · · · · · · · · · · · · ·			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	X	
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	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<u> </u>
C		44-		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	_
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	<u> </u>
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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	\vdash
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 (2021) WHITWORTH UNIVERSITY 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	Х	
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	Х	
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			
	Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			х
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	Schedule L, Part I	25b		х
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		X
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			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
0 F -	Part V, line 1	34	X X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b	х	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. ui	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) WHITWORTH UNIVERSITY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Page 5 91-0473310

			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 2091			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
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	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country COSTA RICA, CAYMAN ISLANDS			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	ـــــ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		.,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
Ü	and an artist and artist artist artist and artist arti	8		
9	Sponsoring organization nave excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	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.			
D	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			
^	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

WHITWORTH UNIVERSITY 91-0473310 Page 6

Par	TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	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	4		
	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	_		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
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		X
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
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			
	on 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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed AK, CA, CO, MA, NH, SC, WA Section 6104 requires on proprietion to make its Forms 1022 (1024 or 1024 A, if applicable), 900, and 900 T (agetion 501(a)/2).	2 021:3	01/2:1-1	
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):	orny)	availal	JIE
	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)			
10	(-)	l finar	oial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ımanı	ıdı	
20	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 TAYLOR HOFFARD - 509-777-3208			
	300 W HAWTHORNE ROAD, SPOKANE, WA 99251			

Form 990 (2021) WHITWORTH UNIVERSITY 91-0473310 Page **7**

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	I	IIIZA		<u> </u>	ірсі	Jac	(D)	(E)	(F)
Name and title	Average	٠.		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	not c , unle:	ss pe	rson is	s both	n an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	9.6			sated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	l trust		ee ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	ntiona	L	nploy	st cor	-	1000 (420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BECK TAYLOR	40.00									
FORMER TRUSTEE & PRES. (TERM 6/2021)	5.00						Х	302,100.	0.	25,270.
(2) SCOTT MCQUILKIN	40.00									
INTERIM PRESIDENT AND VP INSTITUTION	10.00	Х		Х				266,945.	0.	24,548.
(3) GREG ORWIG	40.00									
VP ADMISSIONS & STUDENT FIN. SVCS.					Х			158,986.	0.	64,432.
(4) LAWRENCE PROBUS	40.00									
VP FOR FINANCE & ADMIN	5.00			Х				193,608.	0.	20,198.
(5) GREGOR THUSWALDNER	40.00									
PROVOST & EXECUTIVE VP					Х			183,324.	0.	20,864.
(6) TIMOTHY WILKINSON	40.00									
DEAN, SCHOOL OF BUSINESS						Х		174,204.	0.	19,877.
(7) FORREST BUCKNER	40.00									
DEAN OF SPIRITUAL LIFE						Х		162,848.	0.	14,979.
(8) GREGORY WINTZ	40.00									
DIRECTOR OF OCCUPATIONAL THERAPY						Х		158,590.	0.	15,469.
(9) RHOSETTA RHODES	40.00									
VP STUDENT LIFE & DEAN OF STUDENTS					Х			162,108.	0.	10,852.
(10) RONALD JACOBSON	40.00									
DEAN, SCHOOL OF EDUCATION						Х		156,472.	0.	9,224.
(11) SINEAD J. VOORHEES	40.00									
ASSISTANT DEAN, GRAD. PROG. & DIR.						Х		155,946.	0.	0.
(12) BRIAN KIRKPATRICK	1.00									
TRUSTEE, CHAIR		Х		Х				0.	0.	0.
(13) SCOTT CHANDLER	1.00									
TRUSTEE, VICE CHAIR		Х		Х				0.	0.	0.
(14) JAMES BENNETT	1.00									
TRUSTEE, TREASURER		Х		Х				0.	0.	0.
(15) SHELLY O'QUINN	1.00									
TRUSTEE, SECRETARY		Х		Х				0.	0.	0.
(16) ANDREA LAIRSON	1.00									
TRUSTEE		Х				_		0.	0.	0.
(17) ANDREW ERICKSON	1.00									
TRUSTEE		Х						0.	0.	0.
132007 12-00-21										Form 990 (2021)

132007 12-09-21 Form **990** (2021)

Form 990 (2021) WHITWORTH UNIVERSITY 91-0473310 Page 8

1 61111 666 (2621)	UNIVERSITY								91-04/331	Page o
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week (list any		Cei aii	uau	recto	i / ii us	(66)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual	ution	ъ	Key employee	est co	ıeı	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) ANDREW ROBBLEE	1.00									
TRUSTEE		Х						0.	0.	0.
(19) ANNE STORM	1.00									
TRUSTEE		Х						0.	0.	0.
(20) BARBARA RICHTER	1.00									
TRUSTEE		Х						0.	0.	0.
(21) BRENDA WILLIAMS	1.00									
TRUSTEE		Х						0.	0.	0.
(22) CHARLES BOPPELL	1.00									
TRUSTEE		Х						0.	0.	0.
(23) DAVID FLESHER	1.00									
TRUSTEE		Х						0.	0.	0.
(24) DAVID MYERS	1.00									
TRUSTEE		Х						0.	0.	0.
(25) DAVID NELSON	1.00									
TRUSTEE		Х						0.	0.	0.
(26) ERIC PETERSON	1.00									
TRUSTEE		Х						0.	0.	0.
1b Subtotal							>	2,075,131.	0.	225,713.
c Total from continuation sheets to Pa							>	0.	0.	0.
d Total (add lines 1b and 1c)								2,075,131.	0.	225,713.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WALKER CONSTRUCTION	Description of services	Compensation
	GONGEDUGETON / LAND GOLDE	E 0E2 101
PO BOX 3901, SPOKANE, WA 99220-3901	CONSTRUCTION/LANDSCAPE	7,873,101.
SODEXO CAMPUS SERVICES, 9801 WASHINGTONIAN		
BLVD, MS 31, GAITHERSBURG, MD 20878	FOOD SERVICES	4,604,444.
ELLUCIAN COMPANY LP		
4 COUNTRY VIEW RD, MALVERN, PA 19355	SOFTWARE PROVIDER	1,001,273.
A.M. LANDSHAPER		
8004 N MARKET ST, SPOKANE, WA 99217-8107	CONSTRUCTION/LANDSCAPE	795,572.
GRAHAM CONSTRUCTION & MANAGEMENT, 10600 E		
CRESCENT MOON DR, SCOTTSDALE, AZ	CONSTRUCTION/LANDSCAPE	645,061.
2 Total number of independent contractors (including but not limited	d to those listed above) who received more than	
\$100,000 of compensation from the organization	45	
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

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WHITWORTH UNIVERSITY 91-0473310 Form 990

Form 990 WHITWORTH UI	11 1 11 11 11 1								91-04733	010
Part VII Section A. Officers, Directors, To	ustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	(check all th			app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(27) FRED STOCKTON	1.00									
TRUSTEE		х						0.	0.	0.
(28) GARY HOPKINS	1.00									
TRUSTEE		Х						0.	0.	0.
(29) JASON THACKSTON	1.00									
TRUSTEE		Х						0.	0.	0.
(30) JENNIFER RATCLIFFE	1.00									
TRUSTEE		Х						0.	0.	0.
(31) JEREMIAH CASE	1.00									
TRUSTEE		х						0.	0.	0.
(32) JOCELYN WILSON	1.00									
TRUSTEE		х						0.	0.	0.
(33) JOHN KAITES	1.00									-
TRUSTEE	1.00	х						0.	0.	0.
(34) JOSHUA HUG	1.00							•	•	
TRUSTEE	1.00	х						0.	0.	0.
(35) JULIE LEVI	1.00							· ·	· ·	•
TRUSTEE	1.00	х						0.	0.	0.
(36) KELLY HOSTETLER	1.00							1	••	•
TRUSTEE	1.00	х						0.	0.	0.
(37) KENNETH ROBERTS	1.00							1	••	•
TRUSTEE	1.00	х						0.	0.	0.
(38) LAWANDA DENICE RANDLE	1.00								••	
TRUSTEE	1.00	х						0.	0.	0.
(39) MARK BENSON	1.00								••	•
TRUSTEE	1.00	x						0.	0.	0.
(40) NANCY TRUMBLE FOX	1.00								•	
TRUSTEE	1.00	х						0.	0.	0.
(41) OCTAVIO MORALES	1.00								•	
TRUSTEE	1.00	х						0.	0.	0.
(42) PAUL CUNNINGHAM	1.00								••	•
TRUSTEE	1.00	х						0.	0.	0.
(43) PETER BARNES	1.00								••	•
TRUSTEE	1.00	х						0.	0.	0.
(44) RANDY CLARK	1.00							· ·	<u> </u>	
TRUSTEE (TERM 1/2021)	1.00	х						0.	0.	0.
(45) ROBYN HOGUE	1.00							· ·	<u> </u>	
TRUSTEE	1.00	х						0.	0.	0.
(46) SCOTT DUDLEY	1.00							· ·	<u> </u>	
TRUSTEE	1.00	х						0.	0.	0.
					i l		i	ı	٠.	٠.

Form 990 WHITWORTH UNIVERSITY 91-0473310

Form 990 WHITWORTH UN	IVERSITY								91-04733	310
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average							(D) Reportable	(E) Reportable	(F) Estimated
Nume and the	hours	(c			that		ly)	compensation	compensation from related	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensatio from the organization and related organization
47) TERRI WILSON	1.00									
RUSTEE (TERM 4/2021)		Х						0.	0.	
48) TRAVIS DOWNS	1.00									
RUSTEE		Х						0.	0.	
49) WALTER OLIVER	1.00									
RUSTEE		Х						0.	0.	
				\vdash						
	1	l	l	l	l	ı	Ì	I		

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Form 990 (2021) WHITWORTH To Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
			onesia i comunica	, , , , , , , , , , , , , , , , , , , ,		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1.1					30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns	1a					
3ra Iou			Membership dues	1b					
s, (Am			Fundraising events	1c	4,024,401.				
ar F		d	Related organizations	1d	527,347.				
s, (е	Government grants (contributions)	1e	8,445,166.				
io		f	All other contributions, gifts, grants, and						
but			similar amounts not included above	1f	12,554,126.				
ÖĘ		g	Noncash contributions included in lines 1a-1f	1g \$	271,709.				
Sol		h	Total. Add lines 1a-1f		•	25,551,040.			
<u> </u>					Business Code				
	2	2	TUITION AND FEES		611710	113,691,033.	113,691,033.		
je	2		AUXILIARY ENTERPRISES		611710	12,265,241.	12,265,241.		
er,		-			011/10	12,200,211.	12,203,211.		
n S		С.							
Jrai Re		d							
Program Service Revenue		е							
₾			All other program service revenue						
_		g	Total. Add lines 2a-2f			125,956,274.			
	3		Investment income (including divide						
			other similar amounts)			9,907,451.			9,907,451.
	4		Income from investment of tax-exem	npt bond pi	roceeds				
	5		Royalties						
				i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)		•				
			` '	Securities	(ii) Other				
	•	u	()	249,349.	()				
		h	Less: cost or other basis	, •					
o o		D		253 /32					
her Revenue			and sales expenses 76115,8	305 017					
eve			Gain or (loss) 7c 1,3			1 205 017			1 205 017
Ř			Net gain or (loss)			1,395,917.			1,395,917.
the	8	а	Gross income from fundraising events (r						
Ö			including \$ 4,024,401.	_ of					
			contributions reported on line 1c). S						
			Part IV, line 18		64,025.				
			Less: direct expenses		852,224.				
		С	Net income or (loss) from fundraising	g events		-788,199.			-788,199.
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less return		·				
			and allowances	I .					
		h	Less: cost of goods sold						
			Net income or (loss) from sales of in						
			The meetine of (1999) from sales of in	voritory	Business Code				
ns	11	_							
Jeo Tue	••	a b							
Miscellaneous Revenue									
Sce		Q C	All other revenue						
Ξ			All other revenue		.				
		ਦ	Total Add lines 11a-11d			162,022,483.	125,956,274.	0.	10,515,169.
	12		Total revenue. See instructions		·····	102,022,403.	1 123,330,274.		1 10,010,109.

132009 12-09-21

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8l	b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
á	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
i	individuals. See Part IV, line 22	68,015,751.	68,015,751.		
3 (Grants and other assistance to foreign				
(organizations, foreign governments, and foreign				
i	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
1	trustees, and key employees	1,640,973.	295,278.	1,063,881.	281,81
6 (Compensation not included above to disqualified				
1	persons (as defined under section 4958(f)(1)) and				
1	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	37,835,662.	25,975,713.	10,532,179.	1,327,770
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,317,584.	1,671,146.	579,700.	66,738
	Other employee benefits	7,997,084.	5,499,186.	2,263,719.	234,179
	Payroll taxes	2,697,069.	1,807,036.	782,150.	107,883
	Fees for services (nonemployees):				
	Management				
	Legal	68,356.	47,849.	13,671.	6,836
	Accounting	137,830.	79,941.	55,132.	2,75
	Lobbying	8,194.	, .	8,194.	,
	Professional fundraising services. See Part IV, line 17	, -		, -	
	Investment management fees	1,239,135.	743,481.	458,480.	37,174
	Other. (If line 11g amount exceeds 10% of line 25,		, , , , , , , ,		7
_	column (A), amount, list line 11g expenses on Sch O.)	1,221,751.	1,221,751.		
	Advertising and promotion	925,622.	657,192.	259,174.	9,256
		2,258,526.	1,016,337.	1,129,263.	112,926
	Office expenses	2,631,440.	1,763,065.	789,432.	78,943
	Information technology	5,860.	5,860.	705,452.	70,540
	Royalties	2,931,301.	2,432,980.	469,008.	29,313
	Occupancy		· · · · · ·	275,258.	91,753
	Travel	1,835,052.	1,468,041.	275,250.	91,733
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 105 507	1 570 100	404 205	40 11
	Conferences, conventions, and meetings	2,105,587.	1,579,190.	484,285.	42,112
	Interest	3,655,096.	1,462,038.	1,937,201.	255,857
	Payments to affiliates	E 204 025		E 004 025	
	Depreciation, depletion, and amortization	5,294,937.	170 262	5,294,937.	46.22
	Insurance	326,115.	179,363.	130,446.	16,306
í	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 (1).				
	amount, list line 24e expenses on Schedule 0.) BOARD DINING/CATERING	4,224,073.	3,379,258.	464,648.	380,167
۳.	EQUIPMENT/REPAIRS/OTHER	3,644,552.	3,644,552.	,	
٠.	MEMBERSHIP, PUBLICATION	1,029,465.	463,261.	514,733.	51,47
	FED GRANT ADMIN EXPENSE	847,957.	508,774.	330,703.	8,480
٠.		017,557.	300,114.	330,703.	0,400
	All other expenses Add lines 1 through 24e	154,894,972.	123,917,043.	27,836,194.	3,141,735
	Total functional expenses. Add lines 1 through 24e	101,001,014.	123,511,013.	27,000,104.	5,111,75
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form 990 (2021)

Part X | Balance Sheet

Part	: X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			11,024,828.	2	10,189,08
	3	Pledges and grants receivable, net			10,224,508.	3	8,425,87
	4	Accounts receivable, net			3,744,239.	4	3,912,90
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ns		5	
	6	Loans and other receivables from other disqua	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			2,297,361.	7	1,840,61
Assets	8	Inventories for sale or use			93,941.	8	91,46
₹	9	Prepaid expenses and deferred charges			1,197,308.	9	1,993,66
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	245,237,350.			
	b	Less: accumulated depreciation	. 10b	111,185,291.	129,010,580.	10c	134,052,05
	11	Investments - publicly traded securities			134,760,095.	11	84,729,71
	12	Investments - other securities. See Part IV, line	11		54,688,587.	12	88,414,11
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			41,198,552.	15	35,525,05
	16	Total assets. Add lines 1 through 15 (must ed	jual line 33	3)	388,239,999.	16	369,174,53
	17	Accounts payable and accrued expenses			9,942,998.	17	8,464,55
	18	Grants payable			1,752,953.	18	1,232,62
	19	Deferred revenue			4,015,919.	19	2,624,47
	20	Tax-exempt bond liabilities			86,866,796.	20	90,375,24
	21	Escrow or custodial account liability. Complete	e Part IV c	of Schedule D		21	
နှု ြ	22	Loans and other payables to any current or for	mer office	er, director,			
		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ns		22	
- ∶	23	Secured mortgages and notes payable to unre	elated third	d parties	6,785,000.	23	5,130,00
	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p	oayables t	o related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D			6,230,051.	25	5,922,59
	26				115,593,717.	26	113,749,49
,,		Organizations that follow FASB ASC 958, cl	neck here	• • •			
ĕ		and complete lines 27, 28, 32, and 33.					
<u> </u>	27	Net assets without donor restrictions			74,662,134.	27	76,712,07
<u> </u>	28	Net assets with donor restrictions			197,984,148.	28	178,712,96
בו		Organizations that do not follow FASB ASC	958, che	ck here 🕨 📖			
בֿ		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund				29	
Se	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances		L	272,646,282.	32	255,425,038
	33	Total liabilities and net assets/fund balances			388,239,999.	33	369 , 174 , 535 Form 990 (202

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_	rt XI Reconciliation of Net Assets			ıα	, , , , , , , , , , , , , , , , , , ,
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	162	022,	483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	154	,894,	972.
3	Revenue less expenses. Subtract line 2 from line 1	3	7	,127,	511.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	272	646,	282.
5	Net unrealized gains (losses) on investments	5	-22	,525,	641.
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	-1	823,	114.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	255	,425,	038.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	, , ,		2b	Х	
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red audit		.,	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** WHITWORTH UNIVERSITY 91-0473310 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). Х A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 5 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). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021 WHITWORTH UNIVERSITY 91-0473310 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	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.						
	tion B. Total Support			I.			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(=) == ::	(,	(-,	(-,	(-,	(-)
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						-
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	nns)			12	
	First 5 years. If the Form 990 is for th	•		fourth or fifth tax			
	organization, check this box and stop					* * * *	
Sec	tion C. Computation of Publi						<u>, </u>
	Public support percentage for 2021 (li			column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the c					ore, check this box	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te				•		▶ □
b	10% -facts-and-circumstances test	-	-		-		
_	more, and if the organization meets th	•				•	
	organization meets the facts-and-circu				-		ightharpoonup
18	Private foundation. If the organization		-		· · · · · ·		
			, 10	, , , , , , . , . , . , . ,	,		Form 990) 2021

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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an Estilate	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

Schedule A (Form 990) 2021 WHITWORTH UNIVERSITY 91-0473310 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
2		
3a		
3b		
3c		
00		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
10b		

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3 Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

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.

2b 3a 3b

91-0473310 Page 6

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	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 0.015 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 0.035.	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 0.85 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	ally integrate	d Type III supporting orga	nization (see	
	instructions).				

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	3						
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	5						
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2021 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
	•	(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
c	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i_	Carryover from 2016 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2017							
b	Excess from 2018							
с	Excess from 2019							
d	Excess from 2020							
е	Excess from 2021							

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

	WHITWORTH UNIVERSITY	91-0473310				
Organization type (ch	eck 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					
General Rule X For an organi	(01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and II. See instructions the year, contributions totaling and any one contributor. Complete Parts I and II. See instructions for determining a contributor.	g \$5,000 or more (in money or				
Special Rules						
sections 509 contributor, c	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 90-EZ, line 1. Complete Parts I and II.	d that received from any one				
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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribu is checked, e purpose. Dor	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					
raution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "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 nat it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$33,045.	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
3		\$5,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. <u>4</u>	Name, address, and ZIP + 4	\$10,000.	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
5		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization	Employer identification number
WHITWORTH UNIVERSITY	91-0473310

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$12,000.	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
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,100.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$53,503.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		- _ \$16,033.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 14	Name, address, and ZIP + 4	Total contributions 12,500.	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
15	- Trume, addition, and Emily	\$ 13,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
16	Name, address, and ZIP + 4	Total contributions - \$ 8,650.	Person X Payroll
(a)	(b)	(c)	(d)
No. 17	Name, address, and ZIP + 4	Total contributions - \$ 311,000.	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
18	rume, addi 655, and Eir T T	- \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
WHITWORTH UNIVERSITY	91-0473310

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		- - \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and ZIP + 4	10,500.	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
23		- \$\$147,373.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 26,503.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 11,415.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 26	Name, address, and ZIP + 4	* \$ 18,495.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	- Nume, address, and En 1 1	\$\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4	Total contributions \$\$ 5,200.	Person X Payroll
(a)	(b)	(c)	(d)
No. 29	Name, address, and ZIP + 4	* \$ 10,225.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	Trumo, address, and En TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$10,078.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 34	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$50,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 38	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$75,000.	Person X Payroll
(a)	(b)	(c)	(d)
40_	Name, address, and ZIP + 4	Total contributions \$ 5,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	Italiie, audi ess, aliu Zir + 4	\$\$ 33,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No. 42	ivaine, audress, and ZIP + 4	\$ \$ 12,500.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$103,173	Person X Payroll
(a)	(b)	(c)	(d)
No. 44	Name, address, and ZIP + 4	Total contributions 7,400.	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
45		\$5,096.	Person X Payroll
(a)	(b)	(c)	(d)
No. 46	Name, address, and ZIP + 4	Total contributions 5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 47	Name, address, and ZIP + 4	Total contributions	Person X Payroll
(a)	(b)	(c)	(d)
No. 48	Name, address, and ZIP + 4	Total contributions - \$\$ 22,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$10,450	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$6,636. 	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
51		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 52	Name, address, and ZIP + 4	Total contributions	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,043	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$15,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$37,486	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
56		\$31,000.	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
57		\$5,031.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	Name, audress, and ZIP + 4	- \$ 69,097.	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
59		\$5,000.	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
60		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 62	Name, address, and ZIP + 4	Total contributions -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		- \$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 64	Name, address, and ZIP + 4	* \$ 209,300.	Person X Payroll
(a)	(b)	(c)	(d)
No. 65	Name, address, and ZIP + 4	Total contributions - \$ 40,400.	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
66_	Name, auuress, anu ZIF + 4	- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		- - - - - -	Person X Payroll
(a)	(b)	(c)	(d)
No. 68	Name, address, and ZIP + 4	Total contributions - \$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		- \$ 15,543.	Person X Payroll
(a)	(b)	(c)	(d)
70	Name, address, and ZIP + 4	Total contributions - \$ 10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 71	Name, address, and ZIP + 4	Total contributions - \$ 5,150.	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
72	name, address, and ZIP + 4	10tal contributions - \$ 13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$6,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 74	Name, address, and ZIP + 4	Total contributions - \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		- \$ 30,000.	Person X Payroll
(a)	(b)	(c)	(d)
76	Name, address, and ZIP + 4	Total contributions - \$ 315,000.	Person X Payroll
(a)	(b)	(c)	(d)
77	Name, address, and ZIP + 4	Total contributions - \$ 12,594.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	Hamo, address, and EIF T T	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
80	Name, audress, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 82	Name, address, and ZIP + 4	* \$ 11,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 83	Name, address, and ZIP + 4	* \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	Tallio, address, and Ell TT	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$6,880	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 86	Name, address, and ZIP + 4	Total contributions	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	Training add 300; dild Ell 1 1	\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 88	Name, address, and ZIP + 4	Total contributions	Person X Payroll
(a)	(b)	(c)	(d)
No. 89	Name, address, and ZIP + 4	Total contributions 10,000.	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
90	Humo, add 655, and Zif T T	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
94	Name, address, and ZIP + 4	### Total contributions 1	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
95		\$\$	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
96		\$\$	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$5,000	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
98		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 100	Name, address, and ZIP + 4	Total contributions	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$6,200.	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
102		\$11,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		_ \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		- - \$\$	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
105		- - \$\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106	Name, address, and ZIP + 4	\$\$ 35,000.	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
107		- - \$\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		_ \$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
109		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 110	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
111	Hame, address, and Zir + 4	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 112	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 113	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
114_	ivaliic, audi 655, aliu ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$	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
116		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$149,090	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 118	Name, address, and ZIP + 4	\$\$10,000.	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
119		_ \$11,833.	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
120		\$5,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions 6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$13,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$6,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		- - \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		- - \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129		- - \$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 130	Name, address, and ZIP + 4	\$ 12,152.	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
131		- - \$\$10,001.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
133		\$ 50,550. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
134	Name, address, and ZiF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
135	Nume, address, and 2n + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 136	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 137	Name, address, and ZIP + 4	\$ 52,700. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
138		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142	Name, address, and Zir + +	\$\$ 7,833.	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
143		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$\$	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
146		\$15,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148	Name, address, and ZIP + 4	\$ \$ 5,262.	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
149		\$\$6,000.	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
150		\$	Person X Payroll

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			
151		\$\$ \$	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			
152		\$63,416.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
153		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
154	Nume, address, and Zir + 4	\$\$ 27,207.	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.)			

Part 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			
	PUBLICLY TRADED SECURITIES					
2		\$33,045.	12/29/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	IN-KIND MEALS					
25		\$991.	12/15/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
	PUBLICLY TRADED SECURITIES					
33						
		\$10,078.	11/18/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
37	PUBLICLY TRADED SECURITIES					
		\$52,158.	01/03/22			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
43	PUBLICLY TRADED SECURITIES					
		\$100,378.	11/16/21			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
85	IN-KIND HOMEADE HOUSEHOLD ITEMS					
		\$	05/03/22			

Name of organization Employer identification number

WHITWORTH UNIVERSITY 91-0473310

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PUBLICLY TRADED SECURITIES 108 20,015. 01/03/22 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I PUBLICLY TRADED SECURITIES 111 51,090. 04/08/22 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I IN-KIND UPRIGHT PIANO 144 11/01/21 3,750. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Page 4

Name of or	ganization		Employer identification number
WHITWORTH	H UNIVERSITY		91-0473310
Part III	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ct Use duplicate copies of Part III if additional s	through (e) and the following line entra naritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year stry. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of giff d ZIP + 4	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		ft Distriction (description)	
	Transferee's name, address, and	U ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of giff	
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

	01(c)(4), (5), or (6) organizat	ions: Complete Part III.				
Name of orga					Emplo	yer identification number
D-11A	WHITWORTH U				.	91-0473310
2 Political	a description of the organiz campaign activity expendit	anization is exempt und ation's direct and indirect politic ures gn activities	cal campaign activities	in Part IV.	> \$	anization.
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)((3).		
	<u>-</u>	incurred by the organization und		•	> \$	
		incurred by organization manag				
		n 4955 tax, did it file Form 4720				
	describe in Part IV.				.04(-)	(0)
Part I-C	<u> </u>	anization is exempt und				· ·
	• •	by the filing organization for se	•		. > \$	
		ization's funds contributed to of				
		. Add lines 1 and 2. Enter here a			▶\$.	
					P C	
		1120-POL for this year?				
made pa contribu	yments. For each organizations received that were pro	ployer identification number (El tion listed, enter the amount pai emptly and directly delivered to additional space is needed, pro	id from the filing organia a separate political org	zation's funds. Also en anization, such as a se	ter the	amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid the filing organization funds. If none, enter the funds is the funds of the fund	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (F		TH UNIVERSITY		0473310 Page 2
Part II-A		on is exempt under section 501(c)(3) and file	d Form 5768 (el	ection under
	section 501(h)).			
A Check ►		gs to an affiliated group (and list in Part IV each affiliated	group member's nan	ne, address, EIN,
	expenses, and share of exces	, , ,		
B Check ▶	if the filing organization check	ked box A and "limited control" provisions apply.	/ \ F'''	4 > 4 600
		bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lo	bbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b Total lo	bbying expenditures to influence a le	gislative body (direct lobbying)		
c Total lo	bbying expenditures (add lines 1a and	d 1b)		
d Other e	xempt purpose expenditures			
e Total ex	kempt purpose expenditures (add line	s 1c and 1d)		
f Lobbyir	ng nontaxable amount. Enter the amo	unt from the following table in both columns.		
If the an	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not ove	er \$500,000			
Over \$5	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1	1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$1	17,000,000	\$1,000,000.		
g Grassro	oots nontaxable amount (enter 25% of	f line 1f)		
h Subtrac	ct line 1g from line 1a. If zero or less, e	enter -0-		
i Subtrac	ct line 1f from line 1c. If zero or less, e	nter -0-		
j If there	is an amount other than zero on either	er line 1h or line 1i, did the organization file Form 4720		
reportir	ng section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h)		
	•	a section 501(h) election do not have to complete all o e the separate instructions for lines 2a through 2f.)	of the five columns b	elow.
	Lob	bying Expenditures During 4-Year Averaging Period		

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2021

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

For o	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(1))
	e lobbying activity.	Yes	No		ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
_	or referendum, through the use of:		х		
	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X	 	
	, 1		Х		0.104
	Grants to other organizations for lobbying purposes?	X			8,194.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х	x		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
-	Other activities?		Λ		8,194.
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		0,134.
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).			Yes	No
	More as higher tells all (000) as a second also all also all the beautiful all as a second as			162	NO
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
<u>ਤ</u> Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	<u> </u>
<u></u>	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3, is
	answered "Yes."		<u> </u>		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cai			
	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year				
c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		١ ۾ ا		
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	and and the use mouth consequence		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
 Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1 a	nd 2 (See	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,		
PART	II-B, LINE 1, LOBBYING ACTIVITIES:				
THE	UNIVERSITY BELONGS TO THE INDEPENDENT COLLEGES AND UNIVERSITIES OF				-
WASH	INGTON, THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND				
UNIV	ERSITIES, AND THE COUNCIL FOR CHRISTIAN COLLEGES AND UNIVERSITIES,				
AND	AS SUCH PARTICIPATES IN THE LOBBYING ACTIVITIES OF SUCH				
ORGA	NIZATIONS. THE VARIOUS ORGANIZATIONS INDICATED A TOTAL OF \$8,194				
			Schedu	le C (Form	990) 2021

Schedule (C (Form 990) 2021 WHITWORTH UNIVERSITY	91-0473310	Page 4
Part IV	C (Form 990) 2021 WHITWORTH UNIVERSITY Supplemental Information (continued)		
•			
WAS SPEN	VT ON LOBBYING ACTIVITIES.		

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

Inspection

Employer identification number

Name of the organization

WHITWORTH UNIVERSITY 91 - 0473310

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes off offi 550, Fartiv, inte	(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 advisors in wi	riting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aft		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year▶	,	
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserva	ition easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.	-	
Pai	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in fo	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m) 4		. .
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions t		Schedule D (Form 990) 2021

132051 10-28-21

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,631,313.		5,631,313.
b Buildings		220,089,148.	95,242,681.	124,846,467.
c Leasehold improvements				
d Equipment		19,516,889.	15,942,610.	3,574,279.
e Other				
Total. Add lines 1a through 1e. (Column (d) must ea	ual Form 990 Part X colun	nn (R) line 10c)	•	134,052,059.

Schedule D (Form 990) 2021

91-0473310 Page **3**

Schedule D (Form 990) 2021

WHITWORTH UNIVERSITY

Part VII Investments - Other Securities	Part VII	nvestments -	Other	Securities.
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Complete if the organization answered	"Vac" /	on Form 990	Dart IV	line 11h	See Form 990	Dart Y line 12
Complete ii the organization answered	162 (011 F01111 990,	rail iv.	, III I U II ID.	See Fulli 990.	, Fail A, IIIIE 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) REAL ESTATE INVESTMENT	14,734,140.	END-OF-YEAR MARKET VALUE
(B) NOTES REC. COLL/REAL ESTATE	23,000.	END-OF-YEAR MARKET VALUE
(C) SINGLE PREMIUM LIFE INS. POLICY	171,890.	END-OF-YEAR MARKET VALUE
(D) LIMITED PARTNERSHIPS	2,712,712.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY FUNDS	16,381,536.	END-OF-YEAR MARKET VALUE
(F) HEDGE FUNDS	6,452,958.	END-OF-YEAR MARKET VALUE
(G) DOMESTIC CORPORATE FUNDS	3,379,431.	END-OF-YEAR MARKET VALUE
(H) GLOBAL EQUITY INDEX	44,558,446.	COST
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	88,414,113.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must aqual Form 000 Part V. col. (R) line 13.)		

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) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	29,515,444.
(2) DEPOSITS HELD BY TRUSTEE	5,009,608.
(3) OTHER ASSETS - COSTA RICA LAND	1,000,000.
(4)	
(5)	
(6)	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	35,525,052.

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)	STUDENT DEPOSITS	3,622,510.
(3)	ASSET RETIREMENT OBLIGATION	1,244,725.
(4)	INTEREST RATE EXCHANGE LIABILITY	1,055,362.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,922,597.

2. 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) 2021

Par	t XI Reconciliation of Revenue per Audited Financial State		enue per Return.	
	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	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pai	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2	b; Part V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informatior	1.	
PART	V, LINE 4:			
mur	ENDOWMENT FUNDS ARE MAINLY USED TO PROVIDE SCHOLARSHIP SUPP	ODM MO		
11115	ENDOWMENT FONDS ARE MAINED OBED TO INCOVIDE SCHOLLARSHIT SOLI	OKI IO		
STUD	ENTS SO THAT THEY CAN ATTEND THE UNIVERSITY. SOME OF THE FU	NDS ARE		
ALSC	USED TO PROVIDE FUNDING SUPPORT FOR RESEARCH AND DEPARTMEN	TAL		
ACTI	VITIES.			
PART	X, LINE 2:			
THE	UNIVERSITY FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCE	ES IN		
EVAL	UATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RE	COGNITION		
m	anoth private and the first series are a series and the series are a series and the series are a series and the series are a series are			
THRE	SHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF	' 'I'AX		
DOGT	MIONG MAYDN OD DYDDOMDD MO DD MAYDN ON A MAY DDMINA MILA A F	E NOT		
-051	TIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT AF	IOI		
СЕБи	AIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE	! IINTVERSTOV		
CERT	TITA TO DE REMUITED. NO DIMDIUITI HAS DEEN RECOGNIZED DI THE	OMINDETII		

Schedule D (Form 990) 2021 WHITWORTH UNIVERSITY	91-0473310	Page 5
Schedule D (Form 990) 2021 WHITWORTH UNIVERSITY Part XIII Supplemental Information (continued)		
FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022 AND 2021. THE UNIVERSITY'S		
TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES.		

SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
WHITWORTH UNIVERSITY

Part I

Employer identification number
91-0473310

Га			YES	NO
_			ILS	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		х	
•	bylaws, other governing instrument, or in a resolution of its governing body?	1	Λ	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		х	
_	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Λ	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general		v	
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II THE NON-DISCRIMINATION POLICY IS PUBLISHED IN ALL STUDENT	3	Х	
	BROCHURES AND WEBSITES. THE POLICY IS ALSO PUBLISHED IN THE			
	LOCAL NEWSPAPER AT LEAST ONCE DURING THE FISCAL YEAR.			
_				
4	Does the organization maintain the following?		,,	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	<u>4a</u>	X	
b	, , , , , , , , , , , , , , , , , , , ,	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
		5a		Х
	Students' rights or privileges?			<u>x</u>
	Admissions policies?	5b		<u>x</u>
	Employment of faculty or administrative staff?	5c		<u>x</u>
	Scholarships or other financial assistance?	5d		<u>x</u>
	Educational policies?	5e		<u>x</u>
	Use of facilities?	5f		X
	Athletic programs?	5g		<u>x</u>
n	Other extracurricular activities?	5h		
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
			v	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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

Schedule E (Form 990) 2021

Schedule E	E (Form 990) 2021	WHITWORTH UNIVERSITY	91-0473310	Page 2
Part II	Supplemental Infor	rmation. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, a	S	
	applicable. Also provide	any other additional information.		
LINE 6 -	EXPLANATION OF GOVE	RNMENT FINANCIAL AID:		
WHITWORT	H UNIVERSITY PARTICI	PATES IN THE FEDERAL FINANCIAL AID PROGRAM AND		
AS SUCH,	MANAGES FEDERAL AND	STATE AID THAT IS ALLOCATED TO THE STUDENTS.		
-				
_				

Schedule E (Form 990) 2021 132062 10-18-21

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

WHITWORTH UNIVERSITY				91-0473310	
Part I General Infor		ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
		maintain recor	ds to substantiate the amount of its gra	ants and other assistance	
			the selection criteria used to award the		Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the
	ne following Part	L line 3 table ca	an be duplicated if additional space is n	needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND				CARING OF ASSETS FORMERLY USED FOR	
THE CARIBBEAN	1	2	PROGRAM SERVICES	ACADEMIC PROGRAM	133,778.
CENTRAL AMERICA AND					,
THE CARIBBEAN	0	0	INVESTMENT		1,791,453.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL ABROAD PROGRAM	280,300.
EUROPE	0	0	PROGRAM SERVICES	TRAVEL ABROAD PROGRAM	380,323.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL ABROAD PROGRAM	134,939.
EAST ASIA AND THE					60.004
PACIFIC	0	0	PROGRAM SERVICES	TRAVEL ABROAD PROGRAM	60,034.
3 a Subtotal	1	2			2,780,827.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	1	2			2,780,827.
LUA For Department Bodust	ion Act Notice	and the Impture	tions for Form 000	Cabadula F	(Form 000) 2021

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

Schedule F (Form 990) 2021

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2021

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

WHITWORTH UNIVERSITY 91-0473310 Page 4

Schedule F (Form 990) 2021 Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
SCHEDULE F, PART IV, LINE 4:	_
	_
NO STUDENTS PARTICIPATED IN STUDY ABROAD PROGRAMS DURING THE FISCAL	_
YEAR ENDED JUNE 30, 2022, DUE TO COVID RESTRICTIONS.	_
SCHEDULE F, PART IV, LINE 4:	
THE UNIVERSITY INVESTS IN PARTNERSHIPS THAT HOLD DIRECT OR INDIRECT	
INTERESTS IN PASSIVE FOREIGN INVESTMENT COMPANIES. THE INVESTMENT	
PARTNERSHIPS HAVE PROPERLY FILED FORM 8621, OR THE UNDERLYING	
INVESTMENTS DID NOT GENERATE ANY UNRELATED BUSINESS INCOME. UNDER THESE	
FACTS, IT IS NOT NECESSARY FOR THE UNIVERSITY TO FILE FORM 8621.	
SCHEDULE F, PART IV, LINE 5:	
THE UNIVERSITY INVESTS IN PARTNERSHIPS THAT HOLD DIRECT OR INDIRECT	
INTERESTS IN FOREIGN PARTNERSHIPS. HOWEVER, THE UNIVERSITY DOES NOT	
MEET THE FILING REQUIREMENTS OF FORM 8865 AS A RESULT.	
	_
	_
	_
	_
	_

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number WHITWORTH UNIVERSITY 91-0473310 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

Page 2

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
		or iditid alsing event contributions and gr	(a) Event #1 PRESIDENT'S	(b) Event #2	(c) Other events	(d) Total events
			GATHERING	PIRATE NIGHT	1	(add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	3,964,251.	81,410.	42,765.	4,088,426.
_	2	Less: Contributions	3,964,251.	51,650.	8,500.	4,024,401.
_	3	Gross income (line 1 minus line 2)		29,760.	34,265.	64,025.
	4	Cash prizes		1,860.		1,860.
S	5	Noncash prizes			335.	335.
shense	6	Rent/facility costs		3,147.	26,109.	29,256.
Direct Expenses	7	Food and beverages	261,911.	10,568.	338.	272,817.
Ω	8	Entertainment	192,670.			192,670.
	9	Other direct expenses		2,382.	350.	355,286.
	10		- · · · · · · · · · · · · · · · · · · ·		>	852,224.
_		Net income summary. Subtract line 10 from li				-788,199.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	T	I		T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ä	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming and No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
105-	<u> </u>	1.21.21			O _o ti -	dule G (Form 990) 2021

Sch	nedule G (Form 990) 2021 WHITWORTH UNIVERSITY	91-0473310	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
	o An outside facility		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amoun	+	
'	of gaming revenue retained by the third party \$\bigs\\$	·	
	c If "Yes," enter name and address of the third party:		
,	s in res, entername and address of the tillid party.		
	Nama N		
	Name		
	Address N		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
ı	neter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	пе	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990) WHITWORTH UNIVERSITY	91-0473310	Page 4
Schedule G (Form 990) WHITWORTH UNIVERSITY Part IV Supplemental Information (continued)		
-		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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

Open to Public Inspection

Schedule I (Form 990) 2021

Name of th	ne organization							Employer identification number
1	WHITWORTH UNI	VERSITY						91-0473310
Part I	General Information on Grants a	nd Assistance						
1 Does	s the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selecti	
crite	ria used to award the grants or assis	stance?						X Yes No
2 Desc	cribe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	l States.			
Part II	Grants and Other Assistance to					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	onal space is need	ed.			
1 (a) N	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ente	er total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table		I		>
	er total number of other organizations							

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

Schedule I (Form 990) 2021 WHITWORTH UNIVERSITY 91-0473310 Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (c) Amount of (e) Method of valuation (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of (d) Amount of non-(book, FMV, appraisal, other) recipients cash grant cash assistance FINANCIAL AID FOR TUITION, ROOM AND BOARD EXPENSES 0 2503 64,220,774. HIGHER EDUCATION EMERGENCY RELIEF FUND (STUDENT PORTION) 1356 3,794,977. 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: STUDENTS MUST SUBMIT THEIR FAFSA FEDERAL FORM TO DOCUMENT THEIR NEED FOR FEDERAL FINANCIAL AID. ONCE THE FINANCIAL AID IS AWARDED. THE GRANTS ARE TRANSMITTED TO THE STUDENTS' INSTITUTIONAL ACCOUNTS TO PAY FOR TUITION CHARGES THERE IS ALSO A FOLLOW UP PROCESS DURING THE SEMESTER AND SCHOOL YEAR TO ENSURE ACADEMIC CREDITS COMPLETION AND SATISFACTORY ACADEMIC PROGRESS BEFORE ADDITIONAL FINANCIAL AID IS AWARDED.

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number WHITWORTH UNIVERSITY $91 \!-\! 0473310$ Part I Questions Regarding Compensation

4.	Check the engrapsiste hav(as) if the examination provided any of the following to as fas a narrow lists of the Community		Yes	No
ıa	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.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions X Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (such as maid, chauffeur, chef)			
L	If any of the haves an line to are checked, did the averagination follows a written notice, regarding necessary as			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	41.	х	
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Λ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		х	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Λ	
3	Indicate which if any of the following the examination used to establish the componentian of the examination's			
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.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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
b	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.	-10		
	The rest to any of most rate, most me personal and provide the approach announce for each normal and most me			
	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		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		Х
b	Any related organization?	6b		Х
	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)?	9		

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

Schedule J (Form 990) 2021

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BECK TAYLOR	(i)	237,305.	0.	64,795.	8,000.	17,270.	327,370.	0.
FORMER TRUSTEE & PRES. (TERM 6/2021)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT MCQUILKIN	(i)	266,430.	0.	515.	16,990.	7,558.	291,493.	0.
INTERIM PRESIDENT AND VP INSTITUTION	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GREG ORWIG	(i)	158,986.	0.	0.	10,034.	54,398.	223,418.	0.
VP ADMISSIONS & STUDENT FIN. SVCS.	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAWRENCE PROBUS	(i)	193,608.	0.	0.	11,858.	8,340.	213,806.	0.
VP FOR FINANCE & ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GREGOR THUSWALDNER	(i)	183,324.	0.	0.	11,856.	9,008.	204,188.	0.
PROVOST & EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TIMOTHY WILKINSON	(i)	174,204.	0.	0.	11,121.	8,756.	194,081.	0.
DEAN, SCHOOL OF BUSINESS		0.	0.	0.	0.	0.	0.	0.
(7) FORREST BUCKNER	(i)	162,848.	0.	0.	6,932.	8,047.	177,827.	0.
DEAN OF SPIRITUAL LIFE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GREGORY WINTZ	(i)	158,590.	0.	0.	8,512.	6,957.	174,059.	0.
DIRECTOR OF OCCUPATIONAL THERAPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RHOSETTA RHODES	(i)	162,108.	0.	0.	9,681.	1,171.	172,960.	0.
VP STUDENT LIFE & DEAN OF STUDENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RONALD JACOBSON	(i)	156,472.	0.	0.	8,147.	1,077.	165,696.	0.
DEAN, SCHOOL OF EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SINEAD J. VOORHEES	(i)	155,946.	0.	0.	0.	0.	155,946.	0.
ASSISTANT DEAN, GRAD. PROG. & DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Schedule J (Form 990) 2021

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 1A:

THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S PRESIDENT ARE ADOPTED

AND APPROVED BY AN EXECUTIVE COMPENSATION COMMITTEE WHICH IS A

SUB-COMMITTEE OF THE BOARD OF TRUSTEES.

TAX IDEMNIFICATION AND GROSS-UP PAYMENTS FOR SOME PAYMENTS AND SOCIAL CLUB

DUES WERE INCLUDED IN THE TAXABLE INCOME FOR BECK TAYLOR. PRESIDENT OF THE

UNIVERSITY. THE PRESIDENT WAS ALSO PROVIDED WITH A RESIDENCE FOR PERSONAL

USE AND PERSONAL CLEANING SERVICES AS A CONDITION OF EMPLOYMENT BECAUSE HE

IS REQUIRED TO LIVE ON CAMPUS AND ENTERTAIN VISITORS ON BEHALF OF THE

UNIVERSITY. A HOUSING ALLOWANCE OF \$13,559 IS INCLUDED WITH NON-TAXABLE

BENEFITS FOR BECK TAYLOR ON SCHEDULE J. PART II. COLUMN (D).

PART I LINE 4B:

DR. BECK TAYLOR PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

UNDER SECTION 457(F). A \$34,000 NON-VESTED CONTRIBUTION WAS MADE DURING

CALENDAR YEAR 2021. THESE AMOUNTS ARE INCLUDED IN PART II, COLUMN B(III).

Page 3

SCHEDULE K (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Bond Issues

WHITWORTH UNIVERSITY

Employer identification number 91-0473310

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ie price	(f) Description	on of purpose	(g) De	feased	(h) On of is:		(i) Po	
								Yes	No	Yes		Yes	
WASHINGTON HIGHER EDUCATION								1.00					
A FACILITIES AUTHORITY	91-1306482	9397814T4	01/04/22	21,4	73,311.S	EE PART VI			Х		х		X
WASHINGTON HIGHER EDUCATION													
B FACILITIES AUTHORITY	91-1306482	9397812G4	12/20/19	19,4	85,000.si	EE PART VI			Х		x		X
WASHINGTON HIGHER EDUCATION													
C FACILITIES AUTHORITY	91-1306482	939781V31	12/22/16	50,4	.09,479.si	EE PART VI			Х		х		X
D											, ,		
Part II Proceeds													
			A			В	С				D		
1 Amount of bonds retired							7,	745,000					
2 Amount of bonds legally defeased													
3 Total proceeds of issue		21	,474,639.	2	20,828,660.	52,	041,213						
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds						219,394.							
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				347,026.		328,744.		532,079					
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds	s												
10 Capital expenditures from proceeds					2	20,302,538.		042,074					
11 Other spent proceeds				,118,032.			47,	467,060					
12 Other unspent proceeds			5	,009,581.		7,250,790.							
13 Year of substantial completion						2022		2020					
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding	g issue of tax-exempt	bonds (or,											
if issued prior to 2018, a current refunding is	sue)?		Х			Х		Х					
15 Were the bonds issued as part of a refunding	g issue of taxable bor	nds (or, if											
issued prior to 2018, an advance refunding	ssue)?			Х		Х	Х						
16 Has the final allocation of proceeds been ma				Х		Х		Х			\dashv		
17 Does the organization maintain adequate bo													
final allocation of proceeds?			Х		Х		Х						

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021 WHITWORTH UNIVERSITY 91-0473310 Page 2

Par	t III Private Business Use								
			Ą	E	3	(2)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х		Х		Х		
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?	Х			Х	Х			
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	Х			Х	X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	Х				Х			
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х		Х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
_6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х		Х		Х		
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х		Х		Х		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		Х			
Par	t IV Arbitrage	T							
			4	E	3		<u> </u>)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		Х		Х		
	If "No" to line 1, did the following apply?								T
a	Rebate not due yet?		Х	Х		Х			
b	Exception to rebate?	Х			Х		Х		
c	No rebate due?	Х			Х		Х		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								T
3	Is the bond issue a variable rate issue?		X		X		X		

Schedule K (Form 990) 2021 WHITWORTH UNIVERSITY			91-0	473310				Page
Part IV Arbitrage (continued)			•					
		4	E	В	(<u> </u>)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		Х		X		
7 Has the organization established written procedures to monitor the								
requirements of section 148?	х		х		х			
Part V Procedures To Undertake Corrective Action		•					•	
		4		<u></u> В	(<u> </u>	[)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	х		Х		х			
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions.	•	•	•	•	•
SCHEDULE K, COLUMN A:								
PART I (F): THE BONDS WERE ISSUED TO FINANCE THE CONSTRUCTION OF AND								
IMPROVEMENTS TO FACILITIES LOCATED ON THE BORROWER'S CAMPUS AND TO								
CURRENTLY REFUND THE AUTHORITY'S SERIES 2012 BONDS ORIGINALLY ISSUED ON								
MARCH 1, 2012.								
PART II, LINE 3: THE TOTAL PROCEEDS SHOWN IN PART II, LINE 3 DIFFERS								
FROM THE ISSUE PRICE SHOWN IN PART I, (E) DUE TO INTEREST EARNINGS ON								
INVESTED PROCEEDS.								
PART III, LINE 7: AS PROVIDED IN TREASURY REGULATION SECTION								
1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT								
UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF								
PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE.								
ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD								

DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION

HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST

WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR

UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN

EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

Schedule K (Form 990) 2021 WHITWORTH UNIVERSITY 91-0473310 Page 4

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

PART IV, 2(B): THE CURRENT REFUNDING PORTION MET THE 6-MONTH EXCEPTION.

SCHEDULE K, COLUMN B:

PART I (F) - THE BONDS WERE ISSUED TO PROVIDE FUNDS FOR THE FINANCING OF CERTAIN CAPITAL FACILITIES INCLUDING THE HEALTH SCIENCE BUILDING, THE NEW TRADES/FACILITY SERVICES BUILDING, COWLES AUDITORIUM AND THE ATHLETIC LEADERSHIP CENTER.

PART II, LINE 3: THE TOTAL PROCEEDS SHOWN IN PART II, LINE 3 DIFFERS FROM THE ISSUE PRICE SHOWN IN PART I, (E) DUE TO INTEREST EARNINGS ON INVESTED PROCEEDS.

PART III, LINE 7: AS PROVIDED IN TREASURY REGULATION SECTION

1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT

UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF

PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE.

ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD

DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION

HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST

WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR

UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN

EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

SCHEDULE K, COLUMN C:

PART I (F): THE BONDS WERE ISSUED FOR THE CONSTRUCTION OF AN ATHLETIC BUILDING AND TO REFUND THE SERIES 2009 BONDS ORIGINALLY ISSUED ON NOVEMBER 4 2009.

PART III, LINE 7: AS PROVIDED IN TREASURY REGULATION SECTION

1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT

UNDER THE PRIVATE SECURITY OR PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF

PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE.

ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD

DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION

HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY OR PAYMENT TEST

WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR

UNRELATED TRADE OR BUSINESS USE REPORTED IN PART III, LINE 6 IS NOT IN

EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE.

PART IV, 2(C): THE REBATE COMPUTATION FOR SERIES 2016A WAS COMPLETED ON

132124 10-08-21 Schedule K (Form 990) 2021

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization				Employe			on nu	mber	
WHITWORTH UNIVERSITY					73310				
Part I Excess Benefit Transactions (section 501)									
Complete if the organization answered "Yes" on Form (b) Relationship between			o, or Form 990-EZ, Pa	irt v, line 4	.db.	(4)	Corro	cted?	
(a) Name of disqualified person person and orga		(c	c) Description of trans	saction		Ye		No	
						<u> </u>		110	
2 Enter the amount of tax incurred by the organization manag	ers or disc	qualified persons duri	ing the year under		_				
section 4958					\$				
3 Enter the amount of tax, if any, on line 2, above, reimbursed	by the org	ganization		>	\$				
Part II Loans to and/or From Interested Perso	ns.								
Complete if the organization answered "Yes" on For		. Part V. line 38a or F	orm 990. Part IV. line	e 26: or if t	he orga	nizatio	n		
reported an amount on Form 990, Part X, line 5, 6, o		, ,	,,,,	, · · ·	3-				
(a) Name of (b) Relationship (c) Purpose (d) Loan to or from the	(e) Original	(f) Balance due	(g) In	(h) Ap	proved ard or		/ritten	
interested person with organization of loan	organization?	principal amount		default?		nittee?	agree	reement?	
	To From			Yes No	Yes	No	Yes	No	
								-	
								-	
								+	
Total		> \$							
Part III Grants or Assistance Benefiting Interes		sons.							
Part III Grants or Assistance Benefiting Interes Complete if the organization answered "Yes" on For	rm 990, Pa	sons. art IV, line 27.							
Part III Grants or Assistance Benefiting Interes	rm 990, Pa etween n and	sons.	(d) Type assistance		(€	e) Purpassista		f	
Complete if the organization answered "Yes" on Formula (a) Name of interested person (b) Relationship be interested persor	rm 990, Pa etween n and	sons. art IV, line 27. (c) Amount of			(6			f	

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

Schedule L (Form 990) 2021

Concadio E (i citti coc) Ece i	UNIVERSITY		91-047331	. 0	Page 2
Part IV Business Transactions Involve	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
AVISTA UTILITIES	JASON THACKSTON (TR	1,415,641.	UTILITY EXP		Х
					<u> </u>
Part V Supplemental Information.			1		<u> </u>
Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
·		,			
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: AVISTA UTILITIES					
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION:				
JASON THACKSTON (TRUSTEE) IS AN OFFICE	R OF AVISTA UTILITIES.				
(D) DEGEREDATION OF MENNINGRADION CONTINUES	, pyppygp				
(D) DESCRIPTION OF TRANSACTION: UTILITY	(EXPENSE				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization Employer identification number WHITWORTH UNIVERSITY 91-0473310

Par	τι	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 10	noncash contribu	tion ar	nounts	3
1	Art -	Works of a	art							
2		Historical								
3	Art -	Fractional	interests							
4			lications							
5			ousehold goods							
6			vehicles							
7			es							
8		llectual pro								
9			olicly traded	Х	6	266,764	. FAIR MARKET VALU	Ε		
10			sely held stock							
11			tnership, LLC, or							
		t interests								
12	Seci	urities - Mis	scellaneous							
13			ervation contribution -							
	Hist	oric structu	ıres							
14	Qua	lified conse	ervation contribution - Other							
15	Real	l estate - R	esidential							
16	Real	l estate - C	ommercial							
17	Real	l estate - O	ther							
18	Coll	ectibles								
19	Foo	d inventory								
20	Drug	gs and med	dical supplies							
21	Taxi	dermy								
22			cts							
23			imens							
24	Arch		artifacts							
25	Othe	(GALA AUCTION)	X	3	4,945	FAIR MARKET VALU	Ε		
26	Othe	er 🕨 ()							
27	Othe	er 🕨 ()							
28	Othe)							
29			ms 8283 received by the organiz		,					
	for v	vhich the o	rganization completed Form 828	83, Part V, D	onee Acknowledg	ement 29			0	
									Yes	No
30a			r, did the organization receive by							
			It least three years from the date	•				00-		Х
			ses for the entire holding period?	<i>'</i>				30a		
			be the arrangement in Part II.	action that "a	auiros the review	of any nanetanderd contrib	rtions?	24	х	
31			nization have a gift acceptance parties					31	Α	
s∠a		-	nization hire or use third parties		_	•	I	222		х
h		tributions? 'os " doscri	be in Part II.					32a		**
		•	ion didn't report an amount in c	olumn (a) far	a type of property	for which column (a) is she	acked			
33		e organizat cribe in Par		olullili (C) fol	a type of property	TOT WITHOUT COLUMNITY (a) IS CITE	tundu,			
	ucol	DI IN CILI Fal	t II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

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 Form 990-FZ

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

91-0473310 WHITWORTH UNIVERSITY PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SINCE 1890, WHITWORTH HAS HELD FAST TO ITS FOUNDING MISSION OF PROVIDING "AN EDUCATION OF MIND AND HEART" THROUGH RIGOROUS INTELLECTUAL INQUIRY GUIDED BY DEDICATED CHRISTIAN SCHOLARS. RECOGNIZED AS ONE OF THE TOP REGIONAL COLLEGES AND UNIVERSITIES IN THE WEST WHITWORTH UNIVERSITY HAS AN ENROLLMENT OF APPROXIMATELY 2,500 STUDENTS AS OF SPRING 2023 AND OFFERS MORE THAN 100 UNDERGRADUATE AND GRADUATE DEGREE PROGRAMS. IN RECENT YEARS, WHITWORTH HAS ENJOYED A VERY STRONG FINANCIAL POSITION, INCREASED EXTERNAL VISIBILITY, AND THE ADDITION OF ITS FIRST DOCTORAL PROGRAMS, IN THE HEALTH SCIENCES. PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAMS, AND 2 DOCTORATE PROGRAMS; THE MOST PROMINENT UNDERGRADUATE DEGREES ARE BUSINESS/ECONOMICS, HEALTH SCIENCE, BIOLOGY, EDUCATION MATH AND COMPUTER SCIENCE, AND PSYCHOLOGY. FISCAL YEAR 2021-22 IS ALSO THE 21ST YEAR IN A ROW THAT WHITWORTH UNIVERSITY HAS BEEN IN THE TOP RANKINGS OF U.S. NEWS AND WORLD REPORT. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM, THEN REVIEWED BY SENIOR MANAGEMENT AND THE AUDIT COMMITTEE OF THE BOARD. THE PUBLIC VERSION OF FORM 990 IS THEN PLACED IN A SECURE WEBSITE FOR INSPECTION AND REVIEW BY THE FULL BOARD OF TRUSTEES BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: STAFF AND FACULTY: AT THE BEGINNING OF THE YEAR, WE TIE THE COMPLETION OF

132211 11-11-21

Schedule O (Form 990) 2021

OMB No. 1545-0047

Inspection

Employer identification number

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

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** WHITWORTH UNIVERSITY 91-0473310 THE CONFLICT OF INTEREST DISCLOSURE FORM TO BEING ABLE TO AUTHORIZE OR REQUEST ANY PAYMENT FOR THE UNIVERSITY. THIS IS TRACKED IN A DATABASE. TRUSTEES: THE SECRETARY OF THE BOARD ENSURES THAT EVERY TRUSTEE COMPLETES THE DISCLOSURE FORM EVERY FALL MEETING. IF ANYONE'S FORM IS MISSING, SHE OR HER ASSISTANT FOLLOW UP UNTIL THE FORM IS COMPLETED. THEN, THE AUDIT COMMITTEE REVIEWS THOSE FORMS WITH DISCLOSED CONFLICT DURING THE FALL MEETING FOR THE STAFF AND FACULTY AND DURING THE SPRING FOR TRUSTEES. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE PRESIDENT WAS REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES IN JANUARY 2022, DURING DR. MCQUILKIN'S APPOINTMENT PROCESS. THE PROCESS INVOLVED AN INDEPENDENT ANALYSIS BY AN OUTSIDE CONSULTANT WHO COMPARED COMPENSATION FOR THIS INDIVIDUAL AGAINST PEER INSTITUTIONS. COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS REVIEWED BY HUMAN RESOURCES USING INDEPENDENT ANALYSIS BY AN OUTSIDE CONSULTANT WHO COMPARED COMPENSATION FOR THESE INDIVIDUALS AGAINST PEER INSTITUTIONS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENTS ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE AT THE UNIVERSITY'S WEBSITE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ADJUSTMENT TO PRIOR SERVICE COST AND ACTUARIAL LIABILITY FOR RETIREE HEALTH 133,455. CHANGE IN VALUE OF OUTSIDE TRUSTS -1,956,569. TOTAL TO FORM 990, PART XI, LINE 9 -1,823,114.

Schedule O (Form 990) 2021	Page 2
Name of the organization WHITWORTH UNIVERSITY	Employer identification number 91-0473310
	72 01/0020
FORM 990, PART XII, LINE 2C:	
NEITHER THE OVERSIGHT PROCESS OF THE AUDIT OR THE SELECTION PROCESS OF	
THE INDEPENDENT ACCOUNTANT CHANGED DURING THE CURRENT 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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WHITWORTH UNIVERSITY						91-0473310		
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) or Total inco	me End-of-yea	r assets Direct co		f) ontrolling tity	9
Part II Identification of Related Tax-Exempt Organiza organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	D, Part IV, line 34, b	ecause it had one	or more	related tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	conti	g) 512(b)(13) rolled :ity?
				501(c)(3))			Yes	No
THE WHITWORTH FOUNDATION - 23-7232067 300 W HAWTHORNE RD	FUNDRAISING SUPPORT FOR				WHITWO			
SPOKANE, WA 99251	WHITWORTH UNIVERSITY	WASHINGTON	501(C)(3)	11B	UNIVER	SITY	Х	
EMPLOYER CONTRIBUTION VEBA TRUST % WHITWORTH								
UNIVERSITY - 45-4667885, 300 W HAWTHORNE RD,								
SPOKANE, WA 99251	RETIREE MEDICAL BENEFITS	WASHINGTON	501(C)(9)					Х
EMPLOYEE CONTRIBUTION VEBA TRUST % WHITWORTH								
UNIVERSITY - 45-4667994, 300 W HAWTHORNE RD,]							
SPOKANE, WA 99251	RETIREE MEDICAL BENEFITS	WASHINGTON	501(C)(9)					Х

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

Schedule R (Form 990) 2021

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.

organization in the control of the c											
(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	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	10
]										
	1										
	1										
	1										
	1										
		l		l		l			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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr ent	tion b)(13) rolled tity?
WHITWORTH COSTA RICA LIMITADA		oounay,						Yes	No
CALLE 7, AVENIDAS 7 Y 9, EDIFICIO #751, BARR	EDUCATIONAL	COSTA	WHITWORTH						
SAN JOSE, COSTA RICA	INSTITUTION	RICA	UNIVERSITY	C CORP	134,603.	1,027,604.	100%	Х	<u> </u>
CHARITY REMAINDER UNITRUSTS (20)	CHARITABLE TRUST	WA	N/A	TRUST	N/A	N/A	N/A		х
CHARITY REMAINDER ANNUITY TRUSTS (1)	CHARITABLE TRUST	WA	N/A	TRUST	N/A	N/A	N/A		х
LIFE ANNUITY TRUSTS (65)	CHARITABLE TRUST	WA	N/A	TRUST	N/A	N/A	N/A		х

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

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

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

a l	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X	
b Gift, grant, or capital contribution to related organization(s)								
С (Gift, grant, or capital contribution from related organization(s)				1c	Х		
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)								
f [Dividends from related organization(s)				1f		Х	
g S	Sale of assets to related organization(s)				1g		X	
	Purchase of assets from related organization(s)				1h		X	
	Exchange of assets with related organization(s)				1i	Х		
j l	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k l	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
	Performance of services or membership or fundraising solicitations for related organ				11	Х		
	Performance of services or membership or fundraising solicitations by related organ				1m	Х		
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
Sharing of paid employees with related organization(s)								
рί	Reimbursement paid to related organization(s) for expenses				1p		X	
	Reimbursement paid by related organization(s) for expenses				1q		Х	
r (Other transfer of cash or property to related organization(s)				1r	Х		
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)								
	f the answer to any of the above is "Yes," see the instructions for information on whether the second secon							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	rolved			
(1) TH	E WHITWORTH FOUNDATION	C 527,347. CASH CONTRIBUTION						
(2) WH	ITWORTH COSTA RICA LIMITADA	В	133,778.	,778. CASH				
(3) EM	PLOYER CONTRIBUTION VEBA TRUST	R	66,273.	CASH				
(4)								
		1	I	I				

Yes No

<u>(5)</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) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership

132165 11-17-21